One Hundred and Fifty-fifth
Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

Including the General Hospital in Boston
and the
McLean Hospital in Belmont

For the Year
1968
Officers and Staff
1969

BOSTON : MASSACHUSETTS

FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

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MEMBER OF AMERICAN HOSPITAL ASSOCIATION

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS OF THE UNITED STATES AND CANADA

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THE MASSACHUSETTS GENERAL HOSPITAL

1. Bulfinch Building (1821); 2. The Clinics Building (1903); 3. Walcott House (1913); 4. Moseley Building (1916); 5. Phillips House (1917); 6. Baker Memorial (1930); 7. George Robert White Building (1939); 8. Vincent Memorial Hospital and Burnham Memorial for Children (1949); 9. Research Building (1951); 10. Bartlett Hall Nurses' Residence (1954); 11. Warren Building (1956); 12. The Surgical and Special Services Building (Gray Building and Jackson Tower — 1969); 13. (Massachusetts Eye and Ear Infirmary, affiliated with the MGH).

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BOSTON : MASSACHUSETTS

Information

THE MASSACHUSETTS GENERAL HOSPITAL is a private, incorporated institution supported solely by voluntary contributions and the receipts from those patients who pay board. It consists of three main divisions: The General Hospital for those unable to pay for private medical care, The Baker Memorial with private and semi-private accommodations, and the Phillips House, the private pavilion. All three divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization of short duration. In addition, Storrow House, located in Lincoln, Massachusetts, is for convalescent patients no longer in need of hospital nursing care.

THE GENERAL HOSPITAL

Entrance: Fruit Street, end of North Grove Street.

Arrangements for the admission of patients to the General Hospital should be made at the Admitting Office in the George Robert White Building (726-3361).

Emergencies are admitted at any hour; arrangements should be made by telephone. Persons injured by accident or overcome by acute illness may come to the Emergency Ward at the Hospital entrance at any time.

The Clinics of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, open for admission from 8:15 a.m. to 10:00 a.m. and from 1:00 p.m. to 3:00 p.m., are for patients who can not afford the cost of private medical care. Appointments may be made by mail, telephone, or personal application at the Admitting Desk.

THE BAKER MEMORIAL

Entrance: Same as the General Hospital.

The Baker Memorial is for patients of moderate means. Arrangements for admission should be made at the Admitting Office in The Baker Memorial (726-3367.)

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

THE PHILLIPS HOUSE

Entrance: 265 Charles Street.

Information about admission may be obtained at the Phillips House Admitting Office. Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. Arrangements for admission should be made at the Admitting Office in the Phillips House (726-3204).

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Samuel B. Kirkwood, M.D.
Walter F. Lever, M.D.
Robert R. Linton, M.D.
F. Thomas Gephart, M.D.
Myles P. Baker, M.D.
Maurice M. Tolman, M.D.
Edward F. Bland, M.D.
John C. Nemiah, M.D.
Duncan E. Reid, M.D.
John Hedley-Whyte, M.B., B.CHIR.
Leonard W. Cronkhite, Jr., M.D.
John W. Cass, M.D.
Robert J. Joplin, M.D.
John A. Abbott, M.D.
John Adams, Jr., M.D.
Roy E. Mabrey, M.D.
Lamar Soutter, M.D.
William V. McDermott, Jr., M.D.
Paul L. Norton, M.D.
George A. Marks, M.D.
Robert N. Ganz, M.D.
Dana L. Farnsworth, M.D.
Edwin M. Cole, M.D.
John B. Stanbury, M.D.
K. Frank Austen, M.D.
Ward I. Gregg, M.D.
Earle J. Waddington, D.M.D.
Jacob Lerman, M.D.
John L. Newell, M.D.
Charles L. Short, M.D.
A. Gordon Gauld, M.D.
Arthur L. Watkins, M.D.
Richard B. Cohen, M.D.
Erich Lindemann, M.D.
Edward Hamlin, M.D.
Daniel C. Dawes, M.D.
Briant L. Decker, M.D.
Edwin F. Cave, M.D.

Director Emeritus

Nathaniel W. Faxon, M.D.

Director Emerita
School of Nursing and Nursing Service

Ruth Sleeper, R.N.

ADMINISTRATION

General Director

John H. Knowles, M.D.

ADMINISTRATIVE COMMITTEE

Ellsworth T. Neumann, M.D., Administrator, *Chairman*

Henry J. Murphy, *Assoc. Director*
Charles L. Clay, M.D., *Asst. Director*
Edmund R. Mattos, *Asst. Director*
Ferdinand Strauss, *Asst. Director*
Lawrence E. Martin, *Assoc. Director and Comptroller*
Joseph McCue, *Assoc. Comptroller*
George C. Phillips, Jr., *Asst. Director*

Deputy to the General Director

David C. Crockett

Deputy Director (Research Administration)

Ralph G. Meader, PH.D.

Administrative Assistant
John W. Webb

Executive Officer for M.G.H. Clinics
Ruth M. Farrisey, R.N.

Legislation Advisor
Robert Gladwin

News and Public Affairs Director
Martin Bander

Executive Assistants

GENERAL HOSPITAL

Oleta Allen, R.N.
Helen Forrant, R.N.
Eleanor R. Hargraves, R.N.
Josephine Joyce, R.N.
Catherine McHugh, R.N.
Christine Mekkelsen, R.N.
Evelyn Mobilia, R.N.
John Stella

BAKER MEMORIAL

Sarah M. Lifvergren, R.N.
Enes Zambon, R.N.
Florence Giberti Brown, R.N.
Estelle Holmes
Christine MacKinnon, R.N.
Ruth E. Poules, R.N.
Grace H. Sherman, R.N.
Mary A. Slowick, R.N.

PHILLIPS HOUSE

Helena McCarten, R.N.

M.G.H. CLINICS

James Prekup
Marie W. Neary, R.N.

NURSING DEPARTMENT

Mary E. Macdonald, R.N., *Director*

Assistant Directors

Miriam Huggard, R.N.
(*Phillips House*)

Helen J. Coghlan, R.N.
(*Operating Room*)

Adele L. Corkum, R.N.
(*Baker Memorial*)

Ruth M. Farrisey, R.N.
(M.G.H. *Clinics*)

Frances C. Grady, R.N.
(*Bulfinch Building*)
(*Vincent-Burnham*)

Mary E. Quinlan, R.N.
(*White Building*)

SCHOOL OF NURSING

Natalie Petzold, R.N., *Director*

DIRECTORS OF DEPARTMENTS

Accounting
Harold L. Emrich
(*Associate Comptroller*)

Building Service
Howard W. Rath

Clinical Administration
Virginia Lawrence

Construction and Maintenance
Carleton N. Goff
(*Resident Architect*)
Gilbert J. Nessolini
(*Plant Engineer*)

Dietary (*Department and Dietetic Internship*)
Louise Hatch

Medical Records
Joyce E. Gormley

Personnel
Ruth MacRobert

Pharmacy
John W. Webb

Social Service
Eleanor Clark

UNIT DIRECTORS

Central Sterile Supply — James Willis
Credit and Collections — Francis Largenton
Dispatch — Leon F. Katzer
Information, Baker Memorial — Frances Nagle
Information, General Hospital — Hope Wright
Orthopedic Workshop — William Murphy
Print Shop — Ralph H. Cluff, Jr.
School of Illustration and Visual Education Service — Edith Tagrin
Treadwell Library — Genevieve Cole
Volunteers — Mary Ruth Wolf

STAFF

VISITING STAFF

MEDICAL DIVISION

GENERAL MEDICINE

Chief of Medical Services

Alexander Leaf, M.D.

Physicians

Earle M. Chapman, M.D.
Daniel S. Ellis, M.D.
Allan L. Friedlich, M.D.
Edgar Haber, M.D.
Kurt J. Isselbacher, M.D.
Bernard M. Jacobson, M.D.
Rita M. Kelley, M.D.
John H. Knowles, M.D.
Stephen M. Krane, M.D.
Alfred Kranes, M.D.
Francis C. Lowell, M.D.
Gordon S. Myers, M.D.
Marian W. Ropes, M.D.
Morton N. Swartz, M.D.
Conger Williams, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

Irving P. Ackerman, M.D.
Alan C. Aisenberg, M.D.
William H. Baker, M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Perry J. Culver, M.D.
Roman W. DeSanctis, M.D.
Daniel D. Federman, M.D.
*Anne P. Forbes, M.D.
Gerald S. Foster, M.D.
Harriet L. Hardy, M.D.
Reed Harwood, M.D.
Farahe Maloof, M.D.
Donald B. Martin, M.D.
Edwin P. Maynard, III, M.D.
Janet W. McArthur, M.D.
John A. Mills, M.D.
Arthur S. Pier, Jr., M.D.
Walter W. Point, M.D.
Guillermo C. Sanchez, M.D.
W. Davies Sohier, Jr., M.D.
John D. Stoeckle, M.D.
Louis Weinstein, M.D.
Edwin O. Wheeler, M.D.

Assistant Physicians

David H. Alpers, M.D.
John C. Angley, M.D.
George P. Baker, Jr., M.D.
Victor G. Balboni, M.D.
G. Octo Barnett, M.D.
Paul H. Black, M.D.
Kurt J. Bloch, M.D.
Caesar Briefer, Jr., M.D.
James R. Carter, Jr., M.D.
M. Henry Clifford, M.D.
William Franklin, M.D.
Joseph W. Gardella, M.D.
H. Walter Jones, Jr., M.D.
*Homayoun Kazemi, M.D.
Bernard Kliman, M.D.
Jan Koch-Weser, M.D.
Lawrence M. Miller, M.D.
John M. Moses, M.D.
Lot B. Page, M.D.
Richmond Prescott, M.D.
John T. Quinby, M.D.
Dwight R. Robinson, M.D.
Walter T. St.Goar, M.D.
Charles A. Sanders, M.D.

*On leave of absence

Allan I. Sandler, M.D.
Robert H. Schapiro, M.D.
Victor W. Sidel, M.D.
George P. Sturgis, M.D.
Arnold N. Weinberg, M.D.
Richard G. Whiting, M.D.
Peter M. Yurchak, M.D.

Assistants in Medicine

David W. Allen, M.D.
Patricia H. Benedict, M.D.
Robert W. Carey, M.D.
Mortimer M. Civan, M.D.
Cecil H. Coggins, M.D.
George L. Cohen, M.D.
Robert W. Colman, M.D.
James H. Currens, M.D.
John C. Dalton, M.D.
Allan Goldblatt, M.D.
Stephen E. Goldfinger, M.D.
J. Warren Harthorne, M.D.
John Homans, Jr., M.D.
*Newton E. Hyslop, M.D.
John W. Irwin, M.D.
George A. Jacoby, M.D.
Lewis W. Kane, M.D.
John W. Keller, M.D.
*Hugh H. Kopald, M.D.
William F. McNeely, M.D.
Robert M. Neer, M.D.
Maurice M. Pechet, M.D.
Sholem Postel, M.D.
Mitchell T. Rabkin, M.D.
Edward S. Rendall, M.D.
Barbara J. Rosen, M.D.
Seymour M. Sabesin, M.D.
John H. Sisson, M.D.
Denise J. Strieder, M.D.
William E. Strole, M.D.
Roger H. Sweet, M.D.
Samuel O. Thier, M.D.
Charles H. Weingarten, M.D.
Martin J. Wohl, M.D.

Clinical Associates in Medicine

Arthur Brown, M.D.
John G. Freymann, M.D.
John R. Graham, M.D.
Charles S. Keevil, Jr., M.D.
Robert S. Lees, M.D.
David Littmann, M.D.
Robert K. Osborne, M.D.
Oscar E. Starobin, M.D.
Henry R. Stebbins, M.D.
Frederic Tudor, M.D.

Clinical Assistants in Medicine

Donnell W. Boardman, M.D.
Albert I. C. DeFriez, M.D.
John Denovian, M.D.
Anne F. Godley, M.D.
Paul A. Kantrowitz, M.D.
John A. Kastor, M.D.
Maximiliaan G. Kaulbach, M.D.
Robert C. Leinbach, M.D.
Raymond L. H. Murphy, Jr., M.D.
Richard K. Myler, M.D.
Robert S. Pinals, M.D.
Burton J. Polansky, M.D.
John T. Potts, M.D.
Kenneth K. Quigley, M.B., BCH., B.A.O.
Eliot Young, M.D.

Applied Physicist

Gordon L. Brownell, PH.D.

Associate Applied Physicists

*Saul Aronow, PH.D.
Kathleen Stratton, PH.D.

---

*On Leave of Absence

Assistant Applied Physicists

Charles Alden Burnham, M.S. David M. Linekin, PH.D.
Samuel Wilensky, PH.D.

Physical Chemist

D. Michael Young, M.D.

Assistant Pharmacologist

Geoffrey W. G. Sharp, PH.D.

Biologist

Jerome Gross, M.D.

Associate Biologist

Nancy L. R. Bucher, M.D.

Assistant Biologists

Romaine R. Bruns, PH.D.
Audrey E. V. Haschemeyer, PH.D.

Associate Biophysicist

Jesse F. Scott, M.D.

Assistant Biophysicist

Herbert J. Sukenik, PH.D., M.D.

Biochemists

Lewis L. Engel, PH.D. Roger W. Jeanloz, PH.D.

Visiting Biochemist

Carl F. Cori, M.D.

Associate Biochemist

Barbara Wright Kalckar, PH.D.

Assistant Biochemists

John F. Codington, M.D. Erika E. Randerath, PH.D.
M. Vernon King, PH.D. Kurt Randerath, M.D.
James C. Orr, PH.D. Peter Schofield, PH.D.
Mary L. Stephenson, PH.D.

Associate Immunologist

Sidney Leskowitz, PH.D.

Assistant in Computer Science

A. Neil Pappalardo, B.S.E.E.

DERMATOLOGY

Chief of Service

Thomas B. Fitzpatrick, M.D., PH.D.

Associate Dermatologist

Howard P. Baden, M.D.

Assistant Dermatologists

Earl A. Glicklich, M.D.
Milton E. Helman, M.D.
Charles S. Keuper, M.D.
Richard Masters, M.D.
Philip L. McCarthy, M.D.
Robert F. Tilley, M.D.

Assistants in Dermatology

Leroy D. Aaronson, M.D.
William L. Curwen, M.D.
Burnham E. Lamkins, M.D.
Myron H. Matz, M.D.
A. David McGugan, M.D.
Arthur S. Spangler, M.D.

Clinical Associates in Dermatology

Joseph Albert, M.D.
Kenneth A. Arndt, M.D.
Clito R. Damiani, M.D.
Nicholas J. Fiumara, M.D.
Irwin M. Freedberg, M.D.
John L. Fromer, M.D.
William F. Gallagher, M.D.
Basil C. Gray, M.D.
Robert D. Griesemer, M.D.
William R. Hill, M.D.
Edmund L. Piper, M.D.
Sabino J. Sinesi, M.D.

Clinical Assistants

Bertram A. Flaxman, M.D.
John H. Hall, M.D.
Martin C. Mihm, M.D.
E. Laurie Tolman, M.D.

Associate Biochemists

Irwin H. Blank, PH.D.
Madhukar A. Pathak, PH.D.

Associate Biologist

George Szabó, PH.D.

Assistant Biochemists

Jean B. Burnett, PH.D.
Kiyoshi Toda, M.D.

Assistant in Biochemistry

Yoshioki Hori, M.D., PH.D.

Assistant Physical Chemist

Robert Scheuplein, PH.D.

Research Associate

Dieter Kramer, PH.D.

NEUROLOGY

Chief of Service

Raymond D. Adams, M.D.

Neurologists

Mandel E. Cohen, M.D.
C. Miller Fisher, M.D.
Hugo W. Moser, M.D.
Vincent P. Perlo, M.D.
Edward P. Richardson, M.D.
Robert S. Schwab, M.D.

Associate Neurologists

Barry G. Arnason, M.D.
Arthur K. Asbury, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
William H. Timberlake, M.D.
Gerald F. Winkler, M.D.
Robert R. Young, M.D.

Assistant Neurologists

Robert E. Flynn, M.D.
Mary L. Scholl, M.D.
Richard L. Sidman, M.D.
Karel van Syckel Toll, M.D.
Alfred D. Weiss, M.D.

Assistants in Neurology

J. Richard Baringer, M.D.
G. Robert DeLong, M.D.
Albert C. England, Jr., M.D.
T. Corwin Fleming, M.D.
Harvey L. Levy, M.D.
Vivian E. Shih, M.D.

Clinical Associate in Neurology

Larry J. Embree, M.D.

Clinical Assistant in Neurology

Sidney Sament, M.B., B.CH.

Neurophysiologists

John S. Barlow, M.D.
Elwood Henneman, M.D.

Associate Neuropathologist

Karl Erik Aström, M.D.

Associate Biochemist

John Gergely, M.D.

Psychologist

Murray Sidman, PH.D.

Associate Psychologists

Harry A. Mackay, PH.D.
Lawrence T. Stoddard, PH.D.

Assistants in Psychology

Barbara Ray, PH.D.
Paul Edward Touchette, ED.D.

PSYCHIATRY

Chief of Service

*Leon Eisenberg, M.D.

Psychiatrists

Gerald Caplan, M.D.
Morris E. Chafetz, M.D.
*Frank R. Ervin, M.D.
Paul M. Howard, M.D.
John H. Lamont, M.D.
Chester M. Pierce, M.D.
Peter E. Sifneos, M.D.
Alfred H. Stanton, M.D.
Avery D. Weisman, M.D.
Elizabeth R. Zetzel, M.D.

Associate Psychiatrists

Robert L. Bragg, M.D.
Franklin Carter, M.D.
John G. Clark, M.D.
*Thomas F. Dwyer, M.D.
Benjamin F. Gill, M.D.
*Thomas P. Hackett, M.D.
Richmond Holder, M.D.
Walter Mann, M.D.
Jerome L. Weinberger, M.D.

Assistant Psychiatrists

Norman R. Bernstein, M.D.
Frances J. Bonner, M.D.
Gerald E. Davidson, M.D.
Pattison Esmiol, M.D.
Bruce W. Fischberg, M.D.
Freddy H. Frankel, M.D.
Helen M. Herzan, M.D.
Aaron Lazare, M.D.
*Bernard S. Levy, M.D.
Maria Lorenz, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Edward Messner, M.D.
Michael T. McGuire, M.D.
*Harry S. Olin, M.D.
Maxwell G. Potter, M.D.
George W. Rever, M.D.
Jack O. Rice, M.D.

Assistants in Psychiatry

Michael J. Bennett, M.D.
Lucille P. Carter, M.D.
Herbert S. Cline, M.D.
Alfred J. R. Koumans, M.D.
Miguel A. Leibovitch, M.D.
Herbert O. LeVine, M.D.
William Sharpe, Jr., M.D.
William R. Shelton, M.D.
Danuta Stachiewicz, M.D.
Lionelle D. Wells, M.D.

Clinical Associates in Psychiatry

Harold Abramowitz, M.D.
Robert Cserr, M.D.
Sidney Green, M.D.
Peter B. Hagopian, M.D.
Bellenden R. Hutcheson, M.D.
Gary Jacobson, M.D.
George B. Lawson, M.D.

Clinical Assistants in Psychiatry

Richard Hartman, M.D.
D. M. Kuftinec, M.D.
Lawrence C. Salvesen, M.D.
Herbert C. Siegert, M.D.
Earl G. Solomon, M.D.
John B. Spillane, M.D.
——— Robert H. Trivus, M.D.

*Hall-Mercer Hospital Staff

Biologist

Seymour S. Kety, M.D.

Psychologist

Gene M. Smith, PH.D.

Visiting Psychologist

Edwin S. Shneidman, PH.D.

Associate Psychologists

Howard T. Blane, PH.D.
Carmen K. Conners, PH.D.
Clara Mayo, PH.D.
Richard R. Peebles, PH.D.
Nancy C. Waugh, PH.D.

Assistant Psychologists

Sherry Autor, PH.D.
Edward Blacker, PH.D.
James L. Fozard, PH.D.
Peter L. Gill, PH.D.
Marjorie J. Hill, PH.D.
Norman A. Neiberg, PH.D.
Alvin J. Simmons, PH.D.

Assistants in Psychology

Linda Wasserman, PH.D.
J. William Worden, PH.D.

Assistant Sociologists

Mark G. Field, PH.D.
Murray Melbin, PH.D.

Assistant in Mathematics

Stephen Lorch, B.S.

CHILDREN'S SERVICE

Chief of Service

Nathan B. Talbot, M.D.

Pediatricians

Leo B. Burgin, M.D.
John P. Connelly, M.D.
John D. Crawford, M.D.
John W. Littlefield, M.D.
Thomas C. Peebles, M.D.
Ralph A. Ross, M.D.

Associate Pediatricians

William D. Cochran, M.D.
Edward C. Dyer, M.D.
Leroy L. Eldredge, M.D.
Lawrence J. Essember, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
Philip J. Porter, M.D.
John S. Robey, M.D.
Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Rudolf Toch, M.D.

Assistant Pediatricians

Nathan H. Fearer, M.D.
Joseph W. Fowler, III, M.D.
Herbert A. Haessler, M.D.
M. Edward Keenan, M.D.
Josephine G. Kety, M.D.
Edward F. Rabe, M.D.
*Stephen L. Reynolds, M.D.
John C. Robinson, M.D.
Jordan S. Ruboy, M.D.
Benjamin Sachs, M.D.
Boris Senior, M.D.
Daniel C. Shannon, M.D.
Richard C. Talamo, M.D.
John T. Truman, M.D.
Joseph B. Warshaw, M.D.

Assistants in Pediatrics

Arnold D. Fiascone, M.D.
Gerald W. Hazard, M.D.
Lewis B. Holmes, M.D.
John B. Joseph, M.D.
Gerald Medoff, M.D.
Eileen M. Ouellette, M.D.
Peter B. B. Rosenberger, M.D.
*Murray K. Rosenthal, M.D.
Lois M. Smedley, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
Doris R. Bennett, M.D.
T. Berry Brazelton, M.D.
James J. A. Cavanaugh, M.D.
William A. Dickson, M.D.
Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Thomas Frank, M.D.
George A. Glines, M.D.
Theodore S. Golden, M.D.
Robert Kline, M.D.
Joseph L. Lewis, M.D.
Joseph J. McGovern, M.D.
Edward F. McGrath, M.D.
Francis C. McDonald, M.D.
Alexander S. MacDonald, M.D.
Donald M. Muirhead, Jr., M.D.
Charlotte G. Neumann, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Leonard H. Plotkin, M.D.
Daniel R. Rectanus, M.D.
Robert H. Richie, Jr., M.D.
Whilhelmina Van Dyke, M.D.
Richard H. Watson, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
Eleanor C. Zaudy, M.D.
Alan Ziskind, M.D.

Clinical Assistant:

Joseph T. Murphy, M.D.

Psychologist

Jerome Kagan, PH.D.

Associates from other Services and Departments

Anesthesia: Eric Furman, M.D.

Cardiology: Roman DeSanctis, M.D.

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*On leave of absence

Cardiac Surgery:	W. Gerald Austen, M.D. W. Hardy Hendren, M.D. Mortimer J. Buckley, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
General Pediatric Surgery:	W. Hardy Hendren, M.D. Bruce Henderson, M.D. William C. Quinby, M.D.
Gynecologic Medicine	Janet McArthur, M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D.
Infectious Disease:	Morton N. Swartz, M.D. Arnold Weinberg, M.D.
Neurology:	Raymond Adams, M.D. Hugo Moser, M.D.
Neurosurgery:	William H. Sweet, M.D.
Organ Transplantation:	Paul S. Russell, M.D.
Orthopedic Surgery:	Hugh P. Chandler, M.D. J. Drennan Lowell, M.D. Edward J. Riseborough, M.D. Clement B. Sledge, M.D. Edwin T. Wyman, Jr., M.D.
Plastic Surgery:	Bradford Cannon, M.D. John D. Constable, M.D.
Psychiatry:	Leon Eisenberg, M.D. George Rever, M.D. John Lamont, M.D. Norman Bernstein, M.D.
Psychology:	Keith Connors, PH.D.
Radiology:	Alfred L. Weber, M.D.
Urologic Surgery:	Wyland F. Leadbetter, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Acting Chief of Surgical Services

Oliver Cope, M.D.

Visiting Surgeons

W. Gerald Austen, M.D.
Marshall K. Bartlett, M.D.
John F. Burke, M.D.
Bradford Cannon, M.D.
Oliver Cope, M.D.
Gordon A. Donaldson, M.D.
Hermes C. Grillo, M.D.
Francis M. Ingersoll, M.D.
George L. Nardi, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Claude E. Welch, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
John D. Constable, M.D.
Thomas H. Green, Jr., M.D.
W. Hardy Hendren, M.D.
Charles E. Huggins, M.D.
John W. Raker, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
Frank C. Wheelock, Jr., M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Mortimer J. Buckley, Jr., M.D.
Edwin L. Carter, M.D.
R. Clement Darling, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Ronald A. Malt, M.D.
John B. McKittrick, M.D.
William C. Quinby, Jr., M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistants in Surgery

Ann B. Barnes, M.D.
Willard M. Daggett, Jr., M.D.
Thomas S. Durant, M.D.
Bruce M. Henderson, M.B., CH.B.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Ashby C. Moncure, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
John P. Remensnyder, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Martin J. Bellinger, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Chester J. Dexter, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Anthony P. Monaco, M.D.

Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

James M. Doonan, M.D.
Paul A. Milde, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.

Associate Biologist

Leona Zacharias, PH.D.

Associate Immunologist

Henry J. Winn, PH.D.

Assistant in Biology

Lee V. Leak, PH.D.

GYNECOLOGY

Chief of Service

Howard Ulfelder, M.D.

Staff shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service

William H. Sweet, M.D., D.SC.

Visiting Neurosurgeon

H. Thomas Ballantine, Jr., M.D.

Associate Visiting Neurosurgeon

Hannibal Hamlin, M.D.

Asssitant Neurosurgeons

Robert G. Ojemann, M.D.
Raymond Kjellberg, M.D.

Assistant in Neurosurgery

R. Lewis Wright, M.D.

Associate Biochemist in Neurosurgery

Adelbert Ames, III, M.D.

Associate Chemist in Neurosurgery

Albert H. Soloway, PH.D.

Assistant Neurophysiologist in Neurosurgery

Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery

Marianne L. Simmel, PH.D.

Clinical Associates in Neurosurgery

Edward P. Baker, Jr., M.D.
Robert C. Cantu, M.D.
Vernon H. Mark, M.D.
Jost J. Michelsen, M.D.

Clinical Assistant in Neurosurgery

Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Chief of Service

Melvin J. Glimcher, M.D.

Visiting Orthopedic Surgeons

Otto E. Aufranc, M.D.
Thornton Brown, M.D.
William H. Harris, M.D.
Eugene E. Record, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons

Thomas L. DeLorme, M.D.
William N. Jones, M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons

William L. Kermond, M.D.
J. Drennan Lowell, M.D.
William R. MacAusland, Jr., M.D.
Edward A. Nalebuff, M.D.
Edward J. Riseborough, M.D.
Clement B. Sledge, M.D.
Morton Smith-Petersen, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopedic Surgery

Joseph S. Barr, Jr., M.D.
Robert J. Boyd, M.D.
Robert B. Brendze, M.D.
Hugh P. Chandler, M.D.
Roderick H. Turner, M.D.

Clinical Associate in Orthopedic Surgery

Thomas F. Broderick, Jr., M.D.

Chief of the Department of Podiatry

John D. McLean, D.S.C.

Assistant Podiatrists

Edward R. Bloom, D.S.C. — Donald D. Donovan, D.S.C.
Thomas F. Connolly, D.S.C. — Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistants to the Orthopedic Outpatient Department

James S. Hewson, M.D. — Philip I. Salib, M.D.

Assistant Biochemist in Orthopedic Surgery

Jerome M. Seyer, PH.D.

Assistant Physical Chemist in Orthopedic Surgery

*Elton P. Katz, PH.D.

Visiting Biophysicist in Orthopedic Surgery

Alan J. Hodge, PH.D.

UROLOGY

Chief of Service

Wyland F. Leadbetter, M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D. — Howard I. Suby, M.D.

Assistant Urologists

Edward C. Parkhurst, M.D. — Lorande M. Woodruff, M.D.

Assistants in Urology

William L. Strickler, M.D. — Hugh H. Young, II, M.D.

Clinical Assistant

Mahmoud Kabbani, M.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service

Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons

George Christman, D.M.D. — Morton J. Olin, D.M.D.
Richard L. Miner, D.D.S. — Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons

Barry J. Agranat, D.M.D.
William L. Cosgrove, D.M.D.
Peter A. Dempsey, D.M.D.
Charles H. Endee, D.M.D.
Henry D. Howe, D.M.D.
Peter G. Kimball, D.M.D.
Owen W. Kite, D.D.S.
Robert C. Lincoln, D.M.D.
Frederick K. Poulin, D.M.D.
Donald B. Rae, D.D.S.
Keith A. Shangraw, D.M.D.
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons

Duane F. Carbone, D.M.D.
Robert E. Evans, D.M.D.
John B. Taylor, D.D.S.

Clinical Associates in Oral Surgery

Herman DeWilde, D.M.D.
Daniel J. Holland, Jr., D.D.S.
Terrence D. Hoover, D.M.D.
George M. Noss, D.M.D.
Charles E. Rounds, D.M.D.
Edward L. Sleeper, D.D.S.

DEPARTMENTS

PATHOLOGY

Chief of Department

Benjamin Castleman, M.D.

Pathologists

Robert E. Scully, M.D. Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists

Leonard Atkins, M.D. *Martin H. Flax, PH.D., M.D.
James B. Caulfield, M.D. Sanford I.. Roth, M.D.
Wallace H. Clark, Jr., M.D. Priscilla Dienes Taft, M.D.

Assistant Pathologists

Harold F. Dvorak, M.D. Irwin K. Kline, M.D.
Max L. Goodman, M.D. Kilmer S. McCully, M.D.
*Hubert J. Wolfe, M.D.

Assistant in Pathology

*James M. Gibson, M.D.

Clinical Associates in Pathology

G. Richard Dickersin, M.D. Robert Fienberg, M.D.

Clinical Assistants in Pathology

Robert S. Harper, M.D. Lewis P. James, Jr., M.D.

Neuropathologists

Raymond D. Adams, M.D. Edward P. Richardson, M.D.

Associate Neuropathologists

Karl Eric Aström, M.D. C. Miller Fisher, M.D.

Assistant Biologist

Barbara H. Sanford, PH.D.

ANESTHESIA

Chief of Department

Henry K. Beecher, M.D.

Anesthetists

Henrik Holt Bendixen, M.D. Myron B. Laver, M.D.
Phillips Hallowell, M.D. Henning Pontoppidan, M.D.
Donald P. Todd, M.D.

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*On leave of absence

Associate Anesthetists

George E. Battit, M.D.
Brian C. Dalton, L.R.C.P.I.
Lawrence D. Egbert, M.D.
John W. D. Garrett, M.D.
Bennie Geffin, M.B., CH.B.
Barnett J. Junker, M.D.
Edward Lowenstein, M.D.
Bucknam McPeek, M.D.
Roger H. Morris, M.D.

Assistant Anesthetists

John M. R. Bruner, M.D.
Joan W. Flacke, M.D.
Suzanne J. Lamdin, M.D.
Rita A. Manzi, M.D.
Elliott V. Miller, M.D.
James F. Schauble, M.D.
Sarita G. Walzer, M.D.

Assistant in Anesthesia

Kenneth W. Travis, M.D.

Psychologist

Gene M. Smith, PH.D.

Consulting Psychologist

James E. Anliker, PH.D.

Clinical Associates

John A. Goodwin, M.D.
Laurence A. Simons, M.B., B.S.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., PH.D.

Associate Biochemist

Donald F. H. Wallach, M.D.

Assistant Biochemists

Roberta F. Colman, PH.D.
Hiroshi Nikaido, M.D., PH.D.
Annette M. C. Rapin, PH.D.

Assistant in Biochemistry

Alexander U. Bertland, PH.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, PH.D.

Assistant Bacteriologists

Theodore F. Medrek, PH.D.
Barbara K. Watson, PH.D.

CLINICAL CHEMISTRY LABORATORIES

Chief

Sidney V. Rieder, PH.D.

CLINICAL LABORATORIES

Director

William S. Beck, M.D.

RADIOLOGY

Chief of Department

Laurence L. Robbins, M.D.

Radiologists

Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
J. Malcolm McNeill, M.D.
Paul F. J. New, M.D.
Milford D. Schulz, M.D.
Chiu-chen Wang, M.D.

Associate Radiologists

Murray L. Janower, M.D.
K. Jack Momose, M.D.
Henry P. Pendergrass, M.D.
Frederick S. Tomchik, M.D.
Alfred L. Weber, M.D.

Visiting Radiologists

Lucy F. Squire, M.D.
Stanley M. Wyman, M.D.

Assistant Radiologists

Melvin E. Clouse, M.D.
Douglass H. Howry, M.D.
Richard C. Pfister, M.D.
George F. Zinninger, M.D.

Assistants in Radiology

Franklin L. Angell, M.D.
Joseph T. Ferrucci, Jr., M.D.
Donald J. Fleischli, M.D.
Deborah M. Forrester, M.D.
Derek Goodman, M.D.
John W. Kraft, M.D.
William J. Otto, Jr., M.D.
Thomas E. Shea, M.D.
Milton A. Weiner, M.D.

Consulting Visiting Radiologist

Felix Fleischner, M.D.

Clinical Associates in Radiology

N. Thorne Griscom, M.D .
Joseph Hanelin, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.

Clinical Assistants in Radiology

A. Everette James, M.D.
D. Glyn Millard, M.D.
Abbott R Miller, M.D.
James A. Peterson, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.

Physicist

Edward W. Webster, PH.D.

Assistant Physicist

Hing-Har Lo, M.S.

Assistant in Physics

Rosemarie Wipfelder, B.S.

Engineer

Malcolm Mackay

DEPARTMENT OF REHABILITATION MEDICINE

Chief

Donald S. Pierce, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Associate Director

Charles E. Huggins, M.D.

Clinical Consultants

John P. Remensnyder, M.D.
John T. Truman, M.D.

CONSULTANTS

Consultant in Medicine

Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine

John E. Gordon, M.D.
David D. Rutstein, M.D.

Consultant in Tropical Diseases

George C. Shattuck, M.D.

Consultants in Dentistry, Department of Neurology

Richard A. Winer, D.M.D.
M. Michael Cohen, D.M.D.

Consultant in Neuropathology

Paul I. Yakovlev, M.D.

Consultants in Psychiatry

Jacob Christ, M.D.

Carola B. Eisenberg, M.D.

Consultant in Forensic Psychiatry

Neil L. Chayet, LL.B.

Consultants in Psychology, Department of Psychiatry

Helen Beier, PH.D.

Irving Wolf, PH.D.

Consultants in Pediatrics

William Berenberg, M.D.

Alexander S. Nadas, M.D.

Horace Gezon, M.D.

Alfred Yankauer, M.D.

Consultant in Oral Biology, Department of Orthopedic Surgery

Philip T. Levine, D.M.D.

Consultant in Mathematics, Department of Psychiatry

Charles L. Feldman, SC.D.

Consultant in Chemical Engineering

Edward W. Merrill, D.SC.

Consultant in Plastic Surgery

Joseph E. Murray, M.D.

Consultant to Surgical Service

Charles C. Lund, M.D.

Consultant in Biophysics in Neurosurgery

Eugene Bell, M.SC., PH.D.

Consultants in Engineering Science, Department of Orthopedic Surgery

Robert W. Mann, SC.D.

Igor L. Paul, SC.D.

Consultant in Pathology

Walter G. J. Putschar, M.D.

Consultants in Radiology

Henry I. Kohn, PH.D., M.D.

Edward B. D. Neuhauser, M.D.

John B. Little, M.D.

Richard Schatzki, M.D.

Melvin Tefft, M.D.

Consultant in Physics

Robley D. Evans, PH.D.

HOUSE STAFF

Residents and Interns
As of January 1, 1969

Medicine

Chief Resident: Jay H. Sanders, M.D.

Residents:

Winthrop H. Churchill, Jr., M.D.
Howard B. Corning, M.D.
John L. Glick, M.D.
Cyrus C. Hopkins, M.D.
Albert R. Martin, M.D.
William M. McCormack, M.D.
James C. McFarland, M.D.
Michael M. Stewart, M.D.
Oscar D. Taunton, M.D.

Assistant Residents:

Robert W. Barton, M.D.
David W. Bilheimer, M.D.
Thomas M. Buchanan, M.D.
James J. Dineen, M.D.
Daniel Ein, M.D.
Leonard L. Ellman, M.D.
Lawrence B. Gardner, M.D.
Lawrence D. Gelb, M.D.
Robert A. Liss, M.D.
John D. Minna, M.D.
Harvey B. Simon, M.D.
Richard G. Smith, M.D.
Thomas C. Smitherman, M.D.
Thomas P. Stossel, M.D.
Richard M. Weinshilboum, M.D.
Ira W. Weiss, M.D.

Interns:

Saul G. Agus, M.D.
Lincoln C. Chen, M.D.
Ronald G. Crystal, M.D.
James B. Gross, M.D.
Nortin M. Hadler, M.D.
Ronald Levy, M.D.
Stephen J. Marx, M.D.
Arthur W. Nienhuis, M.D.
Rodney S. Omachi, M.D.
Thomas D. Pollard, M.D.
Eli C. Ridgway, M.D.
Donald A. Rothbaum, M.D.
Kent W. Salisbury, M.D.
Michael R. Soper, M.D.
Ralph M. Steinman, M.D.
Nina E. Tolkoff, M.D.

Dermatology

Chief Resident: Michael D. Fisher, M.D.

Assistant Residents:

Gary J. Brauner, M.D.
Gerald C. Goldman, M.D.
Thomas P. Nigra, M.D.
Kathleen T. O'Shea, M.D.
Mary D. Skinner, M.D.
Nicholas A. Soter, M.D.

Neurology

Resident: George Perlstein, M.D.

Assistant Residents:

Myron D. Ginsberg, M.D.
David Saffer, M.D.
Manuel Ramirez-Lassepas, M.D.

Psychiatry

Assistant Residents:

Lilia E. Bordone, M.D.
Michael H. Nelson, L.R.C.S.
Ernesto Vasquez-Amory, M.D.
David J. Wood, M.D.

Children's

Chief Resident: Michael Goldfein, M.D.

Residents:

Stephen O. Atherton, M.D.
John P. Cloherty, M.D.
Howard E. Gold, M.D.
Melvyn B. Levine, M.D.
Geraldine A. McCormick, M.D.

Assistant Residents:

Helen C. Christy, M.D.
Gilbert Duritz, M.D.
Ruth A. Fazioli, M.D.
Rudolph L. Leibel, M.D.
Ira T. Lott, M.D.
David W. Marsland, M.D.

Interns:

Patricia C. Adams, M.D.
Ronald R. Benz, M.D.
Herbert Boerstling, M.D.
Barbara M. Harley, M.D.
Cynthia A. Miller, M.D.
Anthony R. Temple, M.D.
Frederick L. Trowbridge, M.D.

Surgery

Residents:

Robert J. Corry, M.D.
Josef E. Fischer, M.D.

First Assistant Residents:

George Andros, M.D.
Dexter W. Lawson, M.D.
Michael N. Margolies, M.D.
Jack M. Monchik, M.D.
William R. Moore, M.D.
Martin J. Nathan, M.D.
LeRoy S. Wirthlin, M.D.

Second Assistant Residents:

Eugene L. Appel, M.D.
Douglas M. Behrendt, M.D.
Robert J. Figman, M.D.
Frederick J.. Finseth, M.D.
Jay H. Kaufman, M.D.
Michael B. Lewis, M.D.
Michael T. McEnany, M.D.
Melvin R. Platt, M.D.
James J. Ryan, M.D.
Andrew L. Warshaw, M.D.
Dennis R. Whitlow, M.D.
Laurence E. Wolf, M.D.

Third Assistant Residents:

Nile L. Albright, M.D.
David C. Brewster, M.D.
Alfred M. Cohen, M.D.
Joseph M. Craver, M.D.
Albert J. Erdmann, M.D.
Joel B. Freeman, M.D.
Anthony I. Imbembo, M.D.
Robert J. Irwin, M.D.
Fredric Jarrett, M.D.
Barry D. Kahan, M.D.

Richard F. Kempczinski, M.D.
Bruce MacDougal, M.D.
Richard B. Malkin, M.D.
Charles G. Mixter, M.D.
Michael J. Murray, M.D.
William R. Pitts, M.D.
Robert E. Sloane, M.D.
John R. Wesley, M.D.

Interns:

James F. Burdick, M.D.
Robert B. Colvin, M.D.
John C. Garrett, M.D.
Roberto C. Heros, M.D.
James L. Kennedy, Jr., M.D.
Frederick H. Levine, M.D.
Robert C. McGann, M.D.
Lawrence J. Mills, M.D.
Edward M. Mullin, Jr., M.D.
David H. Sachs, M.D.
Richard D. Scott, M.D.
Robert W. Sloane, Jr., M.D.
William W. Southmayd, M.D.
John P. Welch, M.D.

Neurosurgery

Chief Resident: James G. Wepsic, M.D.

Assistant Residents:

Paul H. Chapman, M.D.
Gerald N. Gold, M.D.
Paul L. Kornblith, M.D.
Joseph C. Rich, Jr., M.D.
Howard A. Richter, M.D.
Henry H-H Schmidek, M.D.
John McL. Tew, M.D.
Shyam B. Yodh, M.D.

Orthopedic Surgery

Chief Residents:

Arthur L. Boland, Jr., M.D.
Harris S. Yett, M.D.

Residents:

Frederick C. Ewald, M.D.
James I. Huddleston, Jr., M.D.

Assistant Residents:

Marc A. Asher, M.D.
Charles G. Brennan, M.D.
Richard V. Cronk, M.D.
Ronald H. Geiger, M.D.
Michael J. Goldberg, M.D.
James H. Herndon, M.D.
Robert W. Hussey, M.D.
S. Jayasankar. M.B., B.S.
Robert I. Poss, M.D.
Sheldon R. Simon, M.D.
Oscar Solorzano, M.D.
Robert E. Steele, Jr., M.D.

Urology

Chief Resident: John J. Greisman, M.D.

First Assistant Residents:

Ambrose P. McLaughlin, M.D.
Clinton D. Vermillion, M.D.

Second Assistant Residents:

Stephen P. Dretler, M.D.
Donald G. Skinner, M.D.

Pathology

Residents:

James J. Galdabini, M.D.
John W. Mason, M.D.

First Assistant Residents:

Jerry L. Harris, M.D.
Robert A. Hershberg, M.D.
Stanley J. Robboy, M.D.
Roger A. Williams, M.D.
Edward R. Wolpow, M.D.

Third Assistant Residents:

David B. Confer, M.D.
Gene J. Mark, M.D.
Arthur S. Schantz, M.D.

Intern:

Umberto DeGirolami, M.D.
Arthur V. Guarino, M.D.
John S. Kaiser, M.D.

Anesthesia

Chief Resident: John S. Willens, M.D.

Assistant Residents:

Kay F. Aldredge, M.D.
Jean Paul Babineau, M.D.
Douglas E. Barnard, M.D.
Virginia Barnes, M.D.
David A. Bittar, M.D.
Albert M. Broennle, Jr., M.D.
Lambertus J. Drop, M.D.
Edward C. Elsey, Jr., M.D.
Konrad R. J. Falke, M.D.
John K. Hairabet, M.B., B.CH.
Jay G. Hayden, M.D.
John W. Hennessey, M.D.
Su-Ryong Hur, M.D.
Adly H. Iskandar, M.B., B.CH.
Allan M. Katz, M.D.
Charles J. Kopriva, M.D.
James G. Loftus, M.B., B.CH.
Marie A. Mesaros, M.D.
Helen R. Morley, M.B., B.S.
David E. Riddle, M.D.
Joseph Shurman, M.D.
S. K. Szyfelbejn, M.D.
Suzanne S. Webb, M.D.

Radiology

Residents:

S. Boyd Eaton, M.D.
Edward H. Eliscu, M.D.
Richard M. Heller, M.D.
Kook Sang Oh, M.D.
Robert F. Rider, M.D.
James W. Wallace, M.D.

First Assistant Residents:

Karl T. Benedict, Jr., M.D.
Raymond A. Berke, M.D.
Robert J. Cihak, M.D.
Michael A. Glueck, M.D.
John A. Guzzetta, M.D.
Geun C. Jang, M.D.

Second Assistant Residents:

John R. Fischer, M.D.
Philip M. Hatfield, M.D.
Sidney P. Kadish, M.D.
David A. Kumpe, M.D.
Jeffrey H. Newhouse, M.D.
Alan F. White, M.D.

Oral Surgery

Residents:

Charles R. Bowen, D.M.D.
Zygmunt W. Poczatek, D.M.D.

Intern:

Steve M. Roser, D.M.D.
Edward B. Seldin, D.M.D.

CLINICAL AND RESEARCH FELLOWS

Medicine

Visiting Fellows:

Kunitake Hashiba, M.D.
Walter S. Metcalf, D.PHIL.
John A. Parsons, B.M., B.CH.
Hal B. Richerson, M.D.
Richard P. Weeden, M.D.

Fellows:

Maxwell Abramson, M.D.
Levi C. Adams, M.D.
Bruce B. Africa, PH.D.
Kurt G. Alberti, M.D., B.CH.
Morton E. Alpert, M.D.
Charles D. Angevine, M.D.
Alan B. Ashare, M.D.
Komanduri Ayyanger, PH.D.
Doris E. Barber, M.D.
David Beith-Halahmi, PH.D.
Richard E. Belsey, M.D.
Marshall H. Benner, M.D.
Zuzana Biela, M.S.
Peter Biely, PH.D.
Neil R. Blacklow, M.D.
Peter C. Block, M.D.
Robert E. Brown, M.D.
Robert A. Buccino, M.D.
Donald J. W. Burns, PH.D.
Renata E. Cathou, PH.D.
Ramesh Chandra, PH.D.
Clelia Collotti, M.D.
Saroj R. Das, PH.D.
Leonard J. Deftos, M.D.
Donald R. DiBona, PH.D.
John D. Dougherty, M.D., M.P.H.
Jack E. Farnham, M.D.
Stanley Feld, M.D.
Edward D. Finch, PH.D.
Richard C. Gardner, M.D.
John M. Goldman, B.M., B.CH.
Jerome H. Grossman, M.D.
Margaret D. Halford, PH.D.
Elvin Harper, PH.D.
Edward D. Harris, Jr., M.D.
William D. Heizer, M.D.
Joseph J. Herskovits, M.B.
Irvin N. Hirshfield, PH.D.
Margot A. Hobbs, M.B., B.S.
Chong-Kyun Hong, M.D.
Bernard Hoop, Jr., PH.D.
Richard M. Humes, PH.D.
Adolph M. Hutter, Jr., M.D.
Shogo Igarashi, M.D.
William P. H. James, M.B., B.S.
Jean-Claude Jaton, PH.D.
Howard L. Judd, M.D.
Robert E. Kahn, M.D.
Harry D. Kaloustian, M.D.
Andrew H. Kang, M.D.
Richard L. Katzman, PH.D.
Henry T. Keutmann, M.D.
Madeleine A. Kirchberger, PH.D.
Susan T. Kleeman, M.D.
Stuart W. Klein, M.D.
H. M. Knox-Macaulay, M.R.C.P.
Raymond S. Koff, M.D.
Toshimasa Kojima, B.S.
David G. Large, PH.D.
Donald L. Levene, M.D.

Barry W. Levine, M.D.
Louis B. Levovsky, M.D.
Donald McCaughan, M.D.
Judith Medoff, M.A.
William R. J. Middleton, M.B., B.S.
Kenji Miyai, PH.D.
Robert C. Moellering, Jr., M.D.
Frederick L. Moolten, M.D.
Gordon T. Moore, M.D.
John B. Mulliken, M.D.
Timothy M. Murray, M.D.
Allen R. Myers, M.D.
Pradip K. Nandi, PH.D.
Hugh D. Niall, M.D.
Donald S. O'Hare, PH.D.
Normand E. Olivier, M.D.
Suzanne Oparil, M.D.
Arnold L. Oronsky, PH.D.
Willy N. Pachas, M.D.
Raymond Pageau, B.SC.
David W. Parsons, M.D.
Edward F. Parsons, M.D.
James I. Peters, Jr., M.D.
Hans F. Pfeiffer, PH.D.
George Philip, PH.D.
Jack H. Pincus, PH.D.
Stephen M. Pizer, PH.D.
William J. Powell, Jr., M.D.
Kenneth J. Prescott, M.D.
Vernon N. Reinhold, PH.D.
Stanley J. Reiser, M.D.
Richard E. Reitz, M.D.
Heinz G. Remold, PH.D.
Manuel Ribas-Mundo, M.D.
Anthony W. Robbins, M.D.
Richard A. Rudders, M.D.
Lorne A. Runge, M.D.
James D. Russell, PH.D.
John C. Santos, M.D.
Mirnal K. Sanyal, PH.D.
Theodore R. Schrock, M.D.
Edward M. Sellers, M.D.
Fredric C. Shean, M.D.
Irwin Singer, M.D.
Thomas W. Smith, M.D.
Philip F. Sparling, M.D.
Massimiliano Spinola, PH.D.
Bud C. Tennant, D.V.M.
Bryant P. Toole, PH.D.
Andrew C. Twaddle, PH.D.
Laercio M. Valenca, M.D.
Carlos E. Vassaux, M.D.
Alain M. Veyrieres, PH.D.
Francis A. Waldvogel, M.D.
Michael D. Waterfield, B.S.
Milton M. Weiser, M.D.
Stanley M. Wishner, M.D.
Rodney M. Wishnow, M.D.

Dermatology

Lowell A. Goldsmith, M.D.
Harley A. Haynes, M.D.
Dimitrios T. Kalivas, M.D.
Gerald S. Lazarus, M.D.
Sheldon R. Pinnell, M.D.

Neurology

Visiting Fellow:
Robert W. Lansing, PH.D.

Fellows:

Robert H. Ackerman, M.D.
Abdel R. Adwani, M.B.B.S.
Fredric K. Cantor, M.D.
Thierry W. Deonna, M.D.
Elizabeth C. Dooling, M.D.
John F. Griffith, M.D.
Archer D. Huott, M.D.
Olajide A. Idowu, M.B., B.CH.
William H. R. Kuhn, M.D.
James R. Lehrich, M.D.
Jonathan Leicester, M.B.B.S.
Mukteshwar L. Mehra, M.D.
Andre E. Merminod, M.D.
C-U Muckenhausen, M.D.
Jerome V. Murphy, M.D.
Maria V. Salam, M.D.

Robert A. T. Scott, M.D.
William R. Scott, M.D.
John R. Seals, M.D.
Hilda Tawil, M.D.
Joseph J. Volpe, M.D.
Philip A. Wolf, M.D.
Bryan T. Woods, M.D.

Neuropathology

Bruno Agostini, M.D.
Horatio R. Aldredge, III, M.D.
Walter G. Bradley, B.M., B.CH.
Michael J. Moore, M.D.
Surl L. Nielsen, M.D.
Margaret G. Norman, M.D.
Eileen M. Ouellette, M.D.
Donald L. Price, M.D.
William C. Schoene, M.D.

Psychiatry

Terry R. Anders, PH.D.
William H. Anderson, M.D.
George Bach-y-Rita, M.D.
Lilia E. Bordone, M.D.
Gordon D. Carr, PH.D.
Edward H. Cassem, M.D.
Edward A. Conboy, M.D.
Franklin C. Curren, M.D.
John S. DeVerter, M.D.
William B. Donovan, M.D.
Lloyd O. Eckhardt, M.D.
Amir M. Farhadi, M.D.
Edwin R. Feintech, PH.D.
John L. Firth, ED.D.
David T. Gavan, M.D.
Marjorie W. Gerdine, PH.D.
Eleanor Z. Hanna, M.A.
Jay H. Holtzman, M.D.
John S. Howland, M.D.
David Hutchison, M.D.
Stuart M. Kameny, M.D.
Jasna Kuftinec, M.D.
David Lelos, M.A.
Patricia K. Light, ED.D.
John R. Lion, M.D.
Joseph F. Lipinski, M.D.
Robert C. Marvit, M.D.
John M. McMillin, M.D.
Michael D. Murphy, M.B., B.CH.
Ronald V. Norris, M.D.
Karen L. Pajari, M.D.
Orlindo Pereira, M.D.
John D. Pierson, M.D.
David L. Raphling, M.D.
Gerald H. Rothschild, M.A.
William H. Sack, M.D.
Hideo Sasaki, PH.D.
Cynthia P. Sauder, PH.D.
Catherine M. Sobota, PH.D.
Ronald M. Stewart, M.D.
Philip Sullivan, M.D.
Serafettin Tombuloglu, M.D.
Ernesto Vasquez-Amory, M.D.
Evelyn D. Waitzkin, M.D.
Howard J. Weisman, M.D.
Howard A. Wishnie, M.D.

Pediatrics

Hans H. Bode, M.D.
John M. Cohen, M.D.
John T. Herrin, M.R.A.C.P.
Miep S. Kaempfer, M.D.
Vincent M. Riccardi, M.D.
Shirley Russell, PH.D.

Surgery

Visiting Fellow:
Emmanuel K. Nathaniels, M.D.

Fellows:

Geert Ab, PH.D.
Agatha Ab-Van Zanten, PH.D.
Tsuyoshi Akiyoshi, M.D.
Jesus A. Bianco, M.D.

William W. Bonney, M.D.
A. Hedley Brown, M.B., B.S.
Marco Castagneto, M.D.
Ronald J. Chandross, PH.D.
Federico Chavez-Peon, M.D.
A. Benedict Cosimi, M.D.
Husam B. Farjo, M.B., CH.B.
Andre G. Gervais, M.D.
Eduardo M. Gonzalez, M.D.
Eric A. Guthy, M.D.
Kenneth E. F. Hobbs, M.B., B.S.
Johannes Jeekel, M.D.
Fumihiko Kato, M.D.
Robert K. J. Koumans, M.D.
Kazimierz Krejczy, M.D.
Jean-Marie Lang, M.D.
John C. R. Lincoln, L.R.S.C.I.
Peter N. Madras, M.D.
Ian F. C. McKenzie, M.D.
Toshio Miyakuni, M.D.
Hana A. Musilova, M.D.
Jardena Ovadia, M.D.
Young H. Park, M.D.
Michele A. Pellegrino, PH.D.
Anne W. Phillips, M.D.
Elizabeth A. Shanahan, M.B., B.S.
Emil Skamene, M.D.
Pavel Vancura, M.D.
Margherita Willems, PH.D.
V. Anne Wonham, PH.D.
Shinji Yuasa, M.D.

Neurosurgery

Charles E. Brown, M.D.
Renato Giuffre, M.D.
Johannes A. Hauptli, M.D.
Dale Purves, M.D.
Ikuro Takada, M.D.
Hideo Terao, M.D.
Michael C. Trachtenberg, PH.D.

Orthopedic Surgery

Carlton M. Akins, M.D.
Anthony L. Andrikides, PH.D.
John R. Auty, PH.D.
Laurence C. Bonar, PH.D.
Hamish G. Gillies, M.B., CH.B.
Hyman Glick, M.D.
James Graham, M.B., CH.B.
William C. Head, M.D.
Fumio Kato, M.D.
Stanley Liebowitz, M.D.
Martin Lowy, M.B., B.S.
Paddy D. McConaghey, PH.D.
John R. Musser, Jr., M.D.
Eric L. Radin, M.D.
Nils W. Rydell, M.D.
Seizaburo Sakamoto, PH.D.
Athena Stravropoulos, PH.D.

Pathology

Juanito B. Billote, M.D.
James A. Daly, M.D.
Charles G. Huizenga, M.D.
Sheila S. Katz, M.D.
Leslie S. Kish, M.D.
Neil S. McNutt, M.D.
Nobuhiko Okabe, M.D.
David L. Page, M.D.
Vivian W. Pinn, M.D.
Alan L. Schiller, M.D.
Ronald S. Weinstein, M.D.
Mary L. Wiegenstein, M.D.
Gary M. Williams, M.D.

Anesthesia

John H. L. Bland, M.D.
Burton A. Briggs, M.D.
Anne E. Brown, M.B., B.S.
Jane E. Denton, M.D.
Eric B. Furman, M.B., B.CH.
N. G. Goudsouzian, M.B., B.CH.

John W. Hennessey, M.D.
Bogdan K. Kaminski, M.D.
John W. D. Knox, M.B., B.CH.
Demetrios G. Lappas, M.D.
Alix Mathieu, M.D.
William J. O'Brien, M.B., B.S.
Patricia W. Osgood, A.B.
Thomas W. Stammers, M.D.
Apostolos A. Triantaphyllidis, M.D.
Brian R. Wilkey, F.F.A.R.C.S.
Mitsuo M. Yokoyama, M.D.

Radiology

Man Chung Han, M.D.
Gerald M. Kolodny, M.D.

Biochemical Research

Visiting Fellow:
Akira Makita, PH.D., M.D.

Fellows:

Winfried Boos, PH.D.
Adrienne S. Gordon, PH.D.
John M. Graham, PH.D.
Charles H. O'Neill, PH.D.
Matti O. Sarvas, PH.D.
Theodore L. Steck, M.D.

Oral Surgery

Robert B. Donoff, D.M.D.
Walter S. Krawczyk, D.D.S.

McLEAN HOSPITAL

List of Officers of the McLean Hospital will be found on page 195.

The Ophthalmological and Otolaryngological needs needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their Staff becomes a part of the Staff of the Massachusetts General Hospital and is as follows:

MASSACHUSETTS EYE AND EAR INFIRMARY

Medical Staff—Department of Ophthalmology

Chief of Ophthalmology

HENRY F. ALLEN, M.D.

Associate Chief of Ophthalmology

Carl C. Johnson, M.D.

Surgeons in Ophthalmology

Garrett L. Sullivan, M.D.
Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Harry E. Braconier, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Taylor R. Smith, M.D.

Associate Surgeons in Ophthalmology

W. Morton Grant, M.D.
Joseph M. Clough, M.D.
Karl Riemer, M.D.
Henry A. Mosher, M.D.
Robert J. Brockhurst, M.D.
Alfred W. Scott, M.D.
Charles H. MacLaughlin, M.D.
David H. Scott, M.D.
Ichiro D. Okamura, M.D.
Charles D. J. Regan, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
David P. Donaldson, M.D.

Assistant Surgeons in Ophthalmology

John M. Hill, M.D.
D. Robert Alpert, M.D.
S. Arthur Boruchoff, M.D.
Paul M. Runge, M.D.
Bertha Offenbach, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
George M. Olive, Jr., M.D.
Richard J. Simmons, M.D.
Baruch J. Sachs, M.D.
Ralph H. Hinckley, M.D.
Michael Wiedman, M.D.
John R. Gehring, M.D.
Carl Gates Freese, Jr., M.D.
Robert C. Lawlor, M.D.
J. Wallace McMeel, M.D.
George M. Olive, Jr., M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Eugene C. Ciccarelli, M.D.
H. MacKenzie Freeman, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Joseph C. Kim, M.D.
Robert S. L. Kinder, M.D.
*Howard M. Leibowitz, M.D.
Irwin T. Mancall, M.D.
Ernst J. Meyer, M.D.
David Miller, M.D.
*Robert A. Petersen, M.D.
Robert D. Reinecke, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
*Richard A. P. Thoft, M.D.
David S. Walton, M.D.
Donald R. Weis, M.D.
David McQ. Worthen, M.D.

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*Leave of Absence

Medical Staff—Department of Otolaryngology

Chief of Otolaryngology

Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John E. McKeigue, M.D.
Bernard Zonderman, M.D.
J. Charles Drooker, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
William W. Montgomery, M.D.

Associate Surgeons in Otolaryngology

Herman J. Sternstein, M.D.
*Aram Roopenian, M.D.
Charles Kent, M.D.
Robert E. Klotz, M.D.
Sidney R. Wilker, M.D.
William L. Hayden, M.D.
Robert H. Lofgren, M.D.
Thomas R. Klein, M.D.
Alfred L. Hurst, M.D.

Assistant Surgeons in Otolaryngology

Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Louis E. Griffey, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.
Yale J. Berry, M.D.
Richard R. Gacek, M.D.
Allan G. Edwards, Jr., M.D.
John M. Kurkjian, M.D.
Roy A. Johnson, M.D.

Assistants in Otolaryngology

Maxwell Abramson, M.D.
Frank W. Brady, M.D.
Werner D. Chasin, M.D.
Robert W. Clubb, M.D.
Charles W. Cummings, M.D.
Lawrence S. Hirsch, M.D.
C. Edward Jackson, M.D.
Donald G. Keamy, M.D.
Robert V. Cheren, M.D.
David L. Pierce, M.D.
Mendell Robinson, M.D.
Sydney Shore, M.D.
Herbert Silverstein, M.D.
John J. Stavros, M.D.
Morris Swartz, M.D.
Albert Weiser, M.D.
Alfred D. Weiss, M.D.

Assistant in Plastic Surgery

Howard M. Ecker, M.D.*

Director of Anesthesiology

John C. Snow, M.D.

Director of Radiology

Alexander S. Macmillan, Jr,. M.D.

Director of Otolaryngological Pathology

Max L. Goodman

Director of Ophthalmic Pathology

Taylor R. Smith, M.D.

Assistant Ophthalmic Pathologist

Tochiro Kuwabara, M.D.

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*Plastic operations

One Hundred and Fifty-Fifth Report of the Trustees

THE Massachusetts General Hospital has 1,067 beds, 6,000 workers, and 66,130 patients were treated in 1968 in the Emergency Ward and 162,134 in its various clinics, all the while carrying forward its three-fold mission of care of the sick, teaching, and research. It is, therefore, not surprising that the Trustees devote much time and careful study to Administration which, because of the nature of the institution, is extremely complex and must be appraised and re-appraised constantly. The year 1968 was no exception.

The increasing responsibilities of the Chiefs of Services have become a matter of grave concern. These arise from a variety of causes. To name only three — expansion of research and teaching programs supported by various agencies largely of the Federal Government, each with different administrative requirements, the on-going process of digesting the impact of Medicare and Medicaid, and the rapid development of medical technology.

Partly as a result of these increasing pressures, Dr. Paul Russell expressed a desire to be relieved of his duties as Chief of the Surgical Services in order to devote more time to his teaching and research program. Dr. Russell became Chief of the General Surgical Services in 1962 and is recognized as one of the most outstanding leaders in the field of Organ Transplantation. His research and training program was reviewed by the Scientific Advisory Committee in 1968 and enthusiastically endorsed. His peers recognized his contribution to this field by voting him President-Elect in the Transplantation Society. Dr. Oliver Cope was asked to accept the duties of Acting Chief of the General Surgical Services on July 1, 1968.

(For much the same reason Dr. Laurence Robbins, Chief of the Department of Radiology since January 1, 1946, also asked to be relieved of his administrative duties at such time as the Trustees can find a replacement.)

The Trustees concluded that a thorough review of the problems of the Department of Surgery should be undertaken, and a

committee headed by Mr. Philip H. Theopold was appointed to carry this out.

Long hours of conferences by the Committee with members of the staff and the Medical School as well as others experienced in organization and administration gave the Committee a thorough insight into the exacting nature of a Chief's many responsibilities for care of patients, research, education, and administration. Their report contained a number of constructive recommendations to assist chiefs in discharging their varied and demanding duties. The report was accepted by the Trustees in October and transmitted to the Staff by Mr. Lawrence.

In April a plan of the Harvard Medical School to rearrange its system of appointments and titles was presented to the teaching hospitals for their voluntary acceptance. A Trustees' Committee, under Mr. Burr's chairmanship, investigated this problem in great detail, finding strong feelings both for and against it among the staff. There appeared some concern that the new system would slowly tend to decrease the beds open to the Visiting Staff. The Committee reported to the Trustees that the Hospital should only accept the proposal provided that a separate committee, on which the Visiting Staff would be strongly represented, be created to consider and recommend on such appointments and titles. This report was approved by the Trustees in November and also transmitted to the Staff by Mr. Lawrence.

During the year, on recommendation of the Committee on Memorials, it was voted to name the first five floors of the surgical and special services building the Gray Building in memory of Reginald Gray's parents. Reginald Gray, one-time Secretary to the Board and a generous donor to the Hospital, had expressed the hope that a building would be named in memory of his parents, Reginald Gray, a former Trustee, and Rose Lee Gray. As the year closed, a start had been made in occupancy, but it will be at least six months before all departments are moved. The research tower, floors 6 through 13, by a similar vote, was named in honor of Dr. James Jackson, who with Dr. John C. Warren, signed the circular letter in 1810 requesting the establishment of the Hospital — and subsequently became the first physician to the Hospital. At the year end the Jackson

Tower was receiving its first occupants and it was anticipated that all the laboratories would be occupied before July 1.

As of April, the Treasurer reported that there remained only $1,500,000 more to be raised to complete the funding of the building as presently contracted for. A final drive to raise this amount was launched in December.

At the Annual Meeting in February, the terms of Francis C. Gray and Ralph Lowell as Trustees expired, but their long and unusually valuable services are still available as they continue as Honorary Trustees, and Mr. Gray retained his office of President. Lamar Crittenden, a banker with special experience in investments, has been added to the Board.

The terms on the Scientific Advisory Committee of Dr. Eugene P. Kennedy, Professor of Biological Chemistry at the Harvard Medical School, and Dr. Salvador E. Luria, Professor of Biology at Massachusetts Institute of Technology, expired with the meetings in January. During the last three years they have given invaluable advice to the Trustees, which is reflected in the research policies at the Hospital. President Howard W. Johnson of Massachusetts Institute of Technology and Dr. Elkan R. Blout, Professor of Biological Chemistry at the Harvard Medical School, were elected to succeed them for three-year terms.

After long devoted services to the Hospital's School of Nursing and Nursing Service, Miss Edna Lepper retired on July 1, 1968. When Miss Sleeper retired in 1966, the responsibilities for the School and Service were divided, and as noted in an earlier report, Miss Natalie Petzold became the Director of the School of Nursing. Miss Lepper succeeded Miss Sleeper as Director of the Nursing Service and now on her retirement the Hospital has been most fortunate in obtaining the services of Miss Mary E. Macdonald who comes to us with a broad experience in nursing service and training.

At the Annual Dinner of the Corporation, held in the Gray Building, the retirement of George S. Weld as Secretary of the Board and Assistant Treasurer since 1946 was marked by the presentation by the Trustees of a silver bowl. At the same time, recognition was made of the significant gifts and memorials established in the Gray Building by the members of the Corporation and friends of the Hospital; and the members of the

staff who had or were about to move in, outlined the importance of these new facilities to their patient care activities.

The McLean Hospital continued its successful career under Dr. Francis de Marneffe's leadership. The Master Plan for its future, on which he has long worked, was approved by the Trustees, and fund raising towards this program has started. Also, the Trustees have approved the construction at McLean of a Hall-Mercer Hospital for child psychiatry which will now extend our services to all ages. During the year, the Town of Belmont has bought from us all but about four acres of our farmland west of Mill Street.

It is with great sadness that we note the death of Dr. Stanley Cobb. Dr. Cobb was the first Chief of the Psychiatric Service at the Hospital and of the Hall-Mercer-M.G.H. Unit. He was a pioneer in establishing one of the first in-hospital short-term acute psychiatric services within the framework of a general hospital. His continued interest in the Hospital in retirement was most valuable to the institution which he loved and to which he devoted all of the most productive years of his life.

The Trustees are impressed with the high morale of the Staff. There appears to be an acceptance of the maxim that the welfare of the patient is paramount not only among doctors and nurses, but also among technicians and workers throughout the many and varied service areas of the Hospital. As we face the challenges of 1969, we do so with confidence because we know what a devoted group of people make up the Massachusetts General Hospital. We thank each one and congratulate them on the completion of a splendid year under the forceful leadership of our General Director, John Knowles.

EDWARD L. BIGELOW
For the Trustees

Report of the General Director

IT is an honor to submit the Annual Report of the Hospital for the year 1968, my seventh as General Director.

The year has seen us busily engaged on all fronts. Once again we have reached new highs in the volume of our clinical services. We have successfully absorbed the problems of implementing the Medicare and Medicaid laws, and we have adapted rapidly to the new responsibilities imposed. The Utilization Review Committee has helped measurably to improve the utilization and the quantity and quality of our work. The new Committee on Teaching and Education has seized its myriad opportunities and is developing effective studies and programs as we strive to improve and expand our teaching and training functions in the public interest. Manpower shortages are becoming increasingly severe both locally and nationally, and this hospital must lead the way in the resolution of what has now become a crisis. The Committee on Research continues its effective work and has successfully implemented the Trustees' policy designed to ensure the safety and rights of individuals involved in human studies. The "Charlestown Project" with its passionately committed Director, Dr. John P. Connelly, is off to a flying start, and it is clear that we are both needed and wanted by the citizens of Charlestown. This is a crucial departure for the MGH, and although there are serious problems to be resolved, I see nothing but good coming from our efforts and our experience as we strive to improve the quality of life for those less fortunate than we. In the not-too-distant future, we will see similar extensions to the suburbs where the middle and upper income people live. The need is greatest in impoverished urban areas, but the effective demand for improvement in medical services is coming from the middle and upper socio-economic classes. All classes must be served in attempts to improve medical care if viable change is to be effected.

The new Gray Building with its Jackson Tower and its unfinished shell of nine floors has now been completed after what is essentially seven years of planning and nearly three years of construction. The new building symbolizes first and foremost a tremendous vote of confidence in the past, present and future

of this institution by our community of patients and friends. I believe we have learned several important lessons from the planning and completion of the building. First of all, I believe that we can be entirely confident that the necessary capital will follow good planning. Starting essentially from scratch, we have now raised the entire twenty-two million dollar cost of the building. This is the first time in the history of the hospital that the Trustees have authorized such an expenditure without the capital in hand. Secondly, for essentially the first time in the hospital's history the Trustees have been willing to borrow money if necessary to complete agreed-upon plans. Finally, by completing the shell for a future nine additional floors of the new building, we have been able to save tremendous sums of money and have provided for rational centralized future planning. Over the coming years we will fill in each of the unfinished floors with the entire hospital family participating in the planning. The willingness to borrow if necessary coupled with the decision to finish the entire shell of the new building (even if we were unable to afford the entire completion of the unfinished nine floors) has and will save us large sums of money in the future. With capital construction costs rising at the rate of 1% per month over the last several years, we have already made considerable savings on our new building.

We now look with increased confidence to the future, and we have already started raising new capital for the next two most pressing needs of the institution and its community—that is, for modern radiotherapy facilities and the development of a more balanced Department of Radiology with increased facilities for radiobiology, radiotherapy, and radiological research. In addition to this project which is already under way, we are planning to move the Medical Service from its traditional location in the Bulfinch Building where it has been since essentially 1823 to four unfinished floors in the tower of our new building. With the advent of new social legislation in the form of Medicare coupled with the general change in cultural attitudes about illness, it has become quite clear that our old, open, twenty-bed wards are no longer the appropriate place to treat our patients who must now be afforded the privacy and dignity of semi-private and private rooms regardless of social or eco-

nomic class. This is a most important development, and the financing of the move of the Medical Service to the new building will give us a magnificent opportunity to review the past and present accomplishments of this great department of the Massachusetts General Hospital and the Harvard Medical School.

With the retirement or resignation of our various Chiefs of Service, the hospital is given the opportunity to review its departments and to rejuvenate itself with new chiefs. At the present time we have *ad hoc* committees outstanding in Urology, Surgery, Radiology, and Anesthesiology. All the incumbents and/or past chiefs of these departments have done outstanding jobs, and the new *ad hoc* committees have given us an opportunity to review the contributions of these various departments as well as to pinpoint certain imbalances and weaknesses which we hope to correct for the future. In addition to the departments named, there are two *ad hoc* committees at work in the field of psychiatry, one to find a Psychiatrist-in-Chief for the Government Center which will be built close by the MGH and largely staffed by MGH psychiatrists. In addition, the McLean Hospital is searching for a new Psychiatrist-in-Chief requiring considerable review and allowing for desirable change in the functions and programs of the McLean Hospital.

Miss Mary Macdonald was appointed the Director of Nursing by the Trustees during 1968. Following Miss Sleeper and Miss Lepper in this most important department of the hospital would be a difficult job for anyone. Miss Macdonald came to us from her post as Associate Dean of the School of Nursing at the University of Massachusetts. After obtaining her A.B., she received her R.N. from the MGH School of Nursing and then took further work for the M.A. degree. She is at present completing a dissertation for her Ph.D. degree. I think the historians will look with great pleasure on the appointment of Miss Macdonald as she already has won the hearts and minds of just about everyone in the MGH family. A vigorous, forthright woman of considerable accomplishment, she has instituted new programs and has worked closely with the medical staff to bring about improvements in nursing care, training and education at the graduate level.

At this juncture in the history of our country, a new administration is taking over in Washington. In the last budget of President Johnson, the field of health and scientific affairs did not enjoy its previous incremental increases in budget from the Federal Government. It remains to be seen what the Nixon administration will decide, and we are sure to be involved heavily in new problems of health policy for the citizens of this country. When one recognizes that greater than 50% of our entire operating budget at the MGH now comes from Federal sources, one must recognize the importance of central Federal policy decisions on the future of this hospital. The key issues in the public mind and therefore our political representatives' minds in Washington are the issues of rising costs, the quality of medical care and the equality of its accessibility for all Americans. All of us will be working assiduously over the coming years to involve the hospital more deeply in the issues of cost containment, manpower shortages, regional planning, the development of lower-cost extended care facilities, and the proper implementation of Medicare and Medicaid programs. These are exciting times, and never was it more important for each of us as citizens to participate in the processes of democracy. The entire future of the voluntary hospital system of this country depends on the willingness of each one of us to work actively in the public arena so that we may retain and strengthen our precious autonomy while we simultaneously work together with other individuals and institutions to make the whole field of medical care a better one, more accessible for more people, and at least contained and reasonable in cost.

As always, and almost to be expected, the MGH family performed in admirable fashion during 1968, and with the last-minute completion of the new building and various other issues discussed in the Trustees' Report, it was necessary that we all close ranks tightly and help as always to make the MGH a better place in which to care for the sick. Unabashedly, I would like to mention the administration of the hospital. Under the leadership of Dr. Ellsworth T. Neumann, the various operations of the hospital have performed in admirable fashion. The very sinews of this hospital are our various executives in the administration, the department heads, and our nearly 6,000

employees who are all here to improve the care of the patient and to support the critical work of our fine staff of practicing physicians and surgeons. There are none better, I am sure, and they have as always continued to make my life a happy one in the front office. Finally, let me say that over the past seven years I have never seen the Trustees work harder than they did during 1968. I do not believe there is a finer Board of any hospital in the Western World—one which understands the values and attitudes of the hospital family so well and is so willing to add at a moment's notice to the excellence of the institution. It is a particularly good exercise for doctors such as myself to work closely with such a Board of Trustees. They ask very difficult questions and demand only that the institution advance and fulfill its mission of providing for the best possible care of the sick.

Sincerely yours,
JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

THE activities of the General Executive Committee this past year reflected the many pressures upon the Hospital in these times of marked social changes. A perusal of the minutes of the meetings over the year reveal that more than fifty separate items importantly affecting the Hospital were considered. Needless to say, not all issues or problems were resolved. The major theme of these meetings has been the need to preserve our traditional strengths in patient care, teaching and research while accommodating judiciously and flexibly to the strains created by the increasing complexities of a large urban teaching hospital in these turbulent times; our very identity seeks continual redefinition.

One important index of the changes taking place internally is the participation of the General Executive Committee in recommending a dozen *ad hoc* committees to examine candidates for tenure positions; five of these for new Service Chiefs of important Hospital departments. After a year's trial with membership on the General Executive Committee expanded to include all Chiefs of Services, the advantages of this extended membership were recognized with an expression of intent by the General Executive Committee to continue this larger participation.

The need to expand and improve facilities and organization for our continuously increasing patient load in our Emergency Ward has been recognized. A new position for a Chief of the Emergency Ward has been created to give full-time staff supervision of House Staff activities and to plan with other institutions regional utilization of emergency care facilities. A plan to separate out from the real emergency admissions the ambulatory urgent cases into an appropriate, adjacent MGH clinics facility has been recommended. The Emergency Ward has increasingly taken over the role of the family physician in being always available to the community. In this role it is over utilized at present by patients whose problems are often urgent but not emergencies.

Intensive care facilities have been reconsidered in the light of the increasing severity of illness of the patients who enter our Hospital — an increasing proportion of whom are admitted via our Emergency Ward. A request for beds to be set aside to accommodate a regional stroke center at the Hospital was considered. Serious thought has been given to the advisabilty of commencing heart transplant surgery here. Requests for additional beds for some activities and, on the other hand, underutilization of facilities in other parts of the Hospital have been discussed. How active a role in practice senior physicians on our Board of Consultation should maintain and the possibility that their practice may restrict the growth of young clinicians on our staff was considered. The value to the Hospital of the Surgical Associates was reviewed. The jurisdictional problems of general and specialty surgical care on the general Pediatric Service was discussed with a view to define the domain of Pediatric Surgery. The moral and legal problems associated with the definition of death have received much attention at a time when electrical pacing of the heart and other supportive mechanical devices can maintain heart action and respiration long after all cerebral activity has ceased. Concern has been given to the problem of recruitment and retention of nurses when their scarcity at times in the past year has threatened full utilization of all our hospital beds and when they are needed in greater numbers to care for our sicker patient population. All these matters have been discussed, some with hopes of resolution and others with no expectations except to create awareness and further discussion.

Some very positive results, however, were also attained this year. Miss Mary Macdonald became Chief of our Nursing Service to succeed Miss Edna Lepper. Due recognition of the latter's long and devoted service to the Hospital and of the vigor and vitality of the new leadership has been taken. The new MGH community health service unit in Charlestown opened its doors in January, 1969, after long and careful planning. We not only expect to improve the health care in Charlestown which has traditionally turned to the MGH for its needs but also hope to research better and less expensive means of delivering optimal medical care and preventive medicine to a

community. It is an experiment, we hope, in defining the practice of medicine for tomorrow.

The increased complexity and sophistication of medicine has led the Harvard Medical School to propose a new organization for faculty structure and remuneration. The General Executive Committee spent much time discussing how these changes would affect staffing the clinical departments at the Hospital. The new category of full time clinical faculty in particular has raised concern, and the Trustees have established a joint Trustees-Staff committee to review all appointments from the Hospital to this new category.

The collection of physicians' fees from third-party carriers for professional services rendered on our teaching services has been implemented. These monies are pre-assigned by the visiting physicians to the Hospital's general funds and subsequently distributed to support professional efforts to improve patient care on all the Hospital's services. These funds have helped greatly to preserve our full-time staff at a time when government support to our staff through research grants is being reduced.

The resignation of Dr. Paul Russell, Homans Professor of Surgery, from his administrative duties as Chief of General Surgical Services has emphasized the difficulties inherent in administering huge departments while still maintaining professional and investigative interests and competence.

All in all, this has been a busy year with many more problems considered than resolved.

ALEXANDER A. LEAF, M.D., *Chairman*
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KURT J. ISSELBACHER, M.D.
MARY E. MACDONALD, R.N.
LEON EISENBERG, M.D.
ALFRED H. STANTON, M.D.

Report of the Department of Medicine

WE are pleased to submit the following report of the Medical Service for the year 1968.

I. *PATIENT CARE*

There has been no major change in the medical care patterns on the Bulfinch Wards. Although the average census is lower than several years ago, whenever a major alteration is contemplated the census seems to rise abruptly and the wards are full. Our entire service applauds the decision of the Trustees to move forward with transfer of the Bulfinch Ward Service to floors 5 through 8 of the North Building, and a Planning Committee is actively at work to implement this move.

The private medical beds have remained full almost throughout the year. The Intensive Care Unit on Baker 6 and the Coronary Care Unit on Phillips House 2 have borne out the high hopes we had at their inceptions and have improved the care of our sickest patients.

There is continued growth of certain patient services administered or directly provided by members of the Medical Service. In the year 1967, 37,403 electrocardiograms were done in the Cardiac Unit, and 1,000 studies in the Cardiac Catheterization Unit. The clinical laboratories, under the supervision of the Hematology Unit, performed 600,000 tests and the Hematology Unit Laboratory 4,400. In addition, the Hematology Unit has established a Blood Clotting Laboratory in which all clotting tests are available on a 24-hour basis. The boon to clinical care is obvious. The Pulmonary Unit carried out function studies on 1,822 patients, a significant number of whom were referred from outside hospitals or physicians. Specialized diagnostic tests are also available through many other units of the Department.

The Cardiac Unit has established a team for the acute study and treatment of patients developing shock in the course of acute myocardial infarction. Directly the diagnosis is made, the team is mobilized and the patient is moved to a new study room on Phillips House 2. Guided by sophisticated monitoring equip-

ment, acute alterations in therapy are introduced in the hope of improving ventricular function. Preliminary results imply a real potential for this approach.

Dr. George Cohen has joined Dr. Kenneth Bird and Raymond Murphy in the use of the TELE-DIAGNOSIS link between the Airport Medical Station and the Emergency Ward. Patients presenting at the Airport are examined by Dr. Cohen or Dr. Murphy through the remote facility. The physician at the MGH takes the history by direct closed-circuit confrontation with the patient. A physical examination is carried out by use of zoom-close-up cameras for inspection and nurse-positioning of a stethoscope for auscultation. Blood smears and EKG's can be obtained at the Airport and interpreted from the MGH. Although the experience is still limited, the enormous implications of this approach are beginning to be appreciated.

II. *THE STAFF*

New Appointments As Assistant in Medicine:

Dr. George Cohen
Dr. Robert Neer
Dr. Barbara Rosen
Dr. Roger Sweet

Promotions Approved for March, 1968:

To the Board of Consultations:

Dr. Edward F. Bland
Dr. Charles L. Short
Dr. Myles P. Baker
Dr. Jacob Lerman

From Associate Physician to Physician:

Dr. Rita M. Kelley

From Assistant Physician to Associate Physician:

Dr. Roman W. DeSanctis
Dr. Edgar Haber
Dr. Donald B. Martin

From Assistant in Medicine to Assistant Physician:

Dr. G. Octo Barnett
Dr. Caesar Briefer, Jr.
Dr. Homayoun Kazemi
Dr. Richmond Prescott
Dr. Dwight R. Robinson
Dr. Robert H. Schapiro
Dr. Victor W. Sidel

From Clinical Assistant in Medicine to Clinical Associate in Medicine:

Dr. Arthur E. Brown
Dr. Charles S. Keevil, Jr.

From Assistant in Pharmacology to Assistant Pharmacologist in Medicine:

Geoffrey W. G. Sharp, Ph.D.

Resignations in 1968:

As Assistant in Medicine:

Dr. Frank A. Warner

As Clinical Associate in Medicine:

Dr. A. Allison Wills, Jr.
Dr. Richard A. Field

Dr. John Potts arrived in August to assume direction of the Endocrine Unit. He has assembled a sizable group of investigators, and their work is well under way.

III. *TEACHING*

The teaching activities of the Medical Service range from first year students at Harvard Medical School through graduate physicians in the community. Several comments may illustrate changes in the teaching programs introduced this year. The video-tape monitoring of HMS II history-taking and the use of computer-taken histories in evaluating student performance, both referred to in our 1967 report, have been extended and have proven their usefulness. We have introduced a Preceptor Visit into the program of our senior residents. Under the tu-

telage of the regular or a special teaching visit, the senior resident acts as ward visit and is given constructive criticism of his performance afterwards. Tried out on a sporadic basis in 1968, this program has now been expanded to a regular function.

All but a few members of the Department are involved in the teaching of medical students. This includes preparation of clinics for first year students as well as participation in the new behavioral science field experiences which have been introduced into their curriculum. An increasing proportion of the Department teach in preclinical courses, and it is particularly notable that the chairmen of six of the seven blocs of the HMS II Pathophysiology Course are drawn from this Medical Service.

Under sponsorship of the Committee on Teaching and Education, Dr. Stephen Goldfinger organized a course for community physicians in the care of patients in the Emergency Ward. With the cooperation of the surgical, anesthesia, psychiatric, and nursing services, an intensive two-week program was created. This includes two hours of didactic material and preceptor discussion per day, with the rest of the time being given over to practical experience under the supervision of the house staff and fellows. Each student obtains experience in intubation, resuscitation, central venous pressure monitoring, treatment of intoxications, etc. The subsequent performance of these physicians in the Emergency Ward of their own hospital has been continuously evaluated by physicians from the MGH, providing the essence of continuing medical education. This program is now being offered to other physicians interested in such training.

The Clinical Science Conferences begun last year have been continued on a regular basis. These Saturday morning meetings are used to develop in depth the clinical and fundamental advances in special areas of Internal Medicine, and they thus provide a meeting ground for the practicing physician and the investigator. Through the generosity of Dr. Oliver Cope and the Shriners Burns Institute, the weekly medical grand rounds have been moved to the Shrine Amphitheatre. This has enabled us to reach a larger audience, and we are hopeful that the teaching activities of the Service can thus be extended to more members of the community.

The medical house staff now numbers 42 physicians. Of the sixteen interns appointed July 1, eight were from Harvard and one each from New York University, UCLA, Chicago, Stanford, Johns Hopkins, Pennsylvania, Colorado, and Baylor. The infusion of new ideas from other schools continues to provide an invigorating stimulus, particularly in our continuing efforts to improve teaching in all areas of our Service.

Dr. Kenneth Shine served as Chief Resident and gave a remarkable performance. He demonstrated an outstanding capacity for getting things done, and his teaching of the medical house staff and students was generally regarded as extraordinary.

IV. *RESEARCH*

It is not possible to report meaningfully on the research activities of the Medical Service in the space of an Annual Report. A comprehensive view is provided in the Report of Research Activities published by the Committee on Research each year. A few items can be cited here, however. At present there are 152 staff members of the Department and 127 Clinical and Research Fellows. The areas of research range from biophysics and molecular biology to drug testing and the provision of mechanical support for a failing heart. The laboratory approaches provide interfaces with many other departments within the hospital and with Harvard Medical School and other educational institutions. The collaborations include those of Dr. Gross's laboratory with the surgical resident-fellow program; of the Pulmonary Unit with Anesthesiology and the Respiratory Care Unit; of the medical and surgical Cardiology Units, and of the Infectious Disease and Endocrinology Units with Pediatrics.

Finally, it should be recorded that the long-awaited cyclotron has arrived and is operating, and that research involving the short-lived gaseous isotopes is now under way.

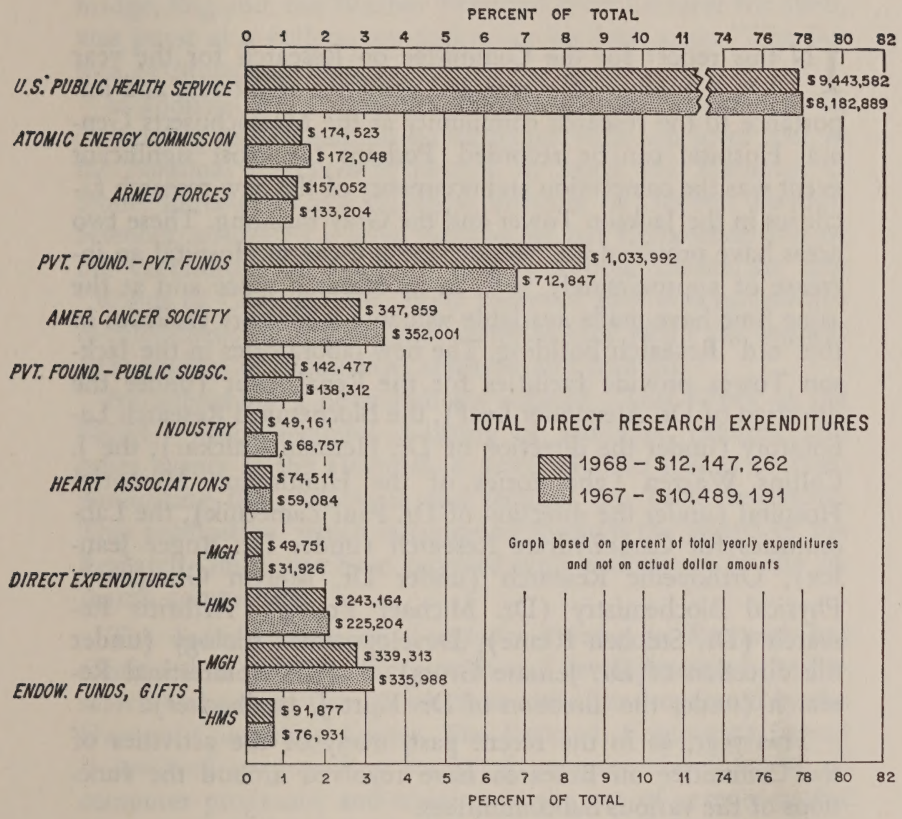
CONCLUSION

In a series of meetings, the members of the Medical Service have been analyzing the problems facing the service. Medicare

fees earned by the ward visits have been generously contributed by them to the hospital fund. Some of this money has been requested by the service for the support of patient care and clinical teaching activities. Recent meetings have developed a new teaching program on the private service, made possible by the bed regionalization begun late in the year. This will be tried over the next few months and revised as experience dictates. We have high hopes that this will simultaneously improve patient care and the house staff learning experience.

ALEXANDER LEAF, M.D.
Chief of Medical Services

Direct Research Expenditures For 1968



Report of the Committee on Research

IN this report for the Committee on Research for the year 1968, a number of events and activities of interest and importance to the research community at the Massachusetts General Hospital can be recorded. Perhaps the most significant event was the completion and occupancy of the new research facilities in the Jackson Tower and the Gray Building. These two areas have provided the Massachusetts General Hospital an increase of approximately 50% in its research space and at the same time have made available valuable laboratory facilities in the "old" Research Building. The new laboratories in the Jackson Tower provide facilities for the Renal Unit (under the direction of Dr. Alexander Leaf), the Biochemical Research Laboratory (under the direction of Dr. Herman Kalckar), the J. Collins Warren Laboratories of the Huntington Memorial Hospital (under the direction of Dr. Paul Zamecnik), the Laboratories for Carbohydrate Research (under Dr. Roger Jeanloz), Orthopedic Research (under Dr. Melvin Glimcher), Physical Biochemistry (Dr. Michael Young), Arthritis Research (Dr. Stephen Krane), Developmental Biology (under the direction of Dr. Jerome Gross), and Gastrointestinal Research (under the direction of Dr. Kurt J. Isselbacher).

This year, as in the recent past, many of the activities of the Committee on Research have revolved around the functions of the various Subcommittees.

The *Subcommittee on Research Colloquia* continues to provide an opportunity for scientific exchange as well as social interaction between many members of the research community by means of its research colloquia. These have been supported originally by the Burroughs Wellcome Foundation and in one instance from the Warren Triennial Lectureship Fund. On February 27, 1968, Dr. Leon Eisenberg, newly appointed Chief of the Psychiatry Service at the Massachusetts General Hospital, spoke on "The Development of Intelligence." Dr. Carl E. Sagan, Lecturer on Astronomy at Harvard University, spoke on "Life in Outer Space" on May 1, 1968. Both of these colloquia followed the pattern established in 1967 of having a so-

cial hour, and dinner followed by a lecture and discussion of the given topic. In October, 1968, Dr. Sydney Brenner of Cambridge, England, the Warren Triennial Prize Lecturer for 1968, was guest at a colloquium following his lecture on "The Future of Molecular Biology."

In addition, the Committee on Research had the privilege of continuing its communication exchange with top level staff at the National Institutes of Health. In April, Dr. Frederick L. Stone, Director of the National Institute of General Medical Sciences, addressed a joint meeting of our Committee and of the Committee on Teaching and Education. Under the title "Winds of Change," Dr. Stone reviewed past and prospective developments on the national scene as they affect the support and conduct of biomedical research and training.

By publishing a news bulletin entitled "This Week at the MGH," which includes a listing of seminars, lectures, and other events at the Hospital, a more effective means of communicating these seminars and lectures has been developed. This publication, which is compiled through the efforts of the Research Office, has been received with enthusiasm by the research community.

The *Subcommittee on Computer Service to Research* has continued to stimulate the growth and development of the Research Computing Group, which is staffed and operated by the Harvard Computing Center. The Research Computing Group is involved in providing statistical analyses, development of computer programs, and training in the use of computers for research, both for individual investigators and for larger hospital research efforts. In collaboration with the Laboratory of Computer Science, a course for investigators was conducted in the use of computers and will hopefully be given each year. On-line processing of data from instruments such as amino acid analyzers and liquid scintillation spectrometers has been a major interest, and with the development of techniques appropriate to such data processing, it became evident that a medium-sized computer was needed at the Hospital. This was purchased and installed by the Harvard Computing Center and in turn is being rented to the Hospital. Although there is still a problem of space for the Research Computing Group, addi-

tional facilities have been obtained to permit greater interaction of this group with the MGH research community.

The *Subcommittee on the Review of Research Grants* has continued to perform an extremely valuable function in providing "quality control" in review of applications before they are forwarded to outside agencies as well as in recommendations concerning the allocation of funds from the General Research Support Grant. In the latter respect, considerable review and concern have been given to the proper uses of the General Research Support Grant, especially in view of the restriction in the availability of research funds from governmental agencies.

In view of the major problems of safety in laboratories and the need for guidelines in this area, a *Subcommittee on Research Safety* was established under the chairmanship of Dr. Roger Jeanloz. This Subcommittee has addressed itself to finding means of reducing the problems relating to hazards due to chemicals, electricity, microbiological agents, and mechanical factors. Safeguards in regard to the storage, proper amounts and use of chemicals were the first recommendations to be put into effect. It was recognized that one of the main problems associated with laboratory research safety is the rapid turnover of personnel, particularly research fellows and technicians. To meet this problem two recommendations have been made: (1) the appointment of safety officers for each research unit who will serve as liaison between their laboratory and the Subcommittee, and (2) a program of continuing education in laboratory safety under the auspices of the Subcommittee.

The *Subcommittee on Human Studies* was expanded during the past year to permit more complete representation of the various services involved in human studies at the MGH. It has continued to review problems dealing with the ethics of human investigation and the monitoring of studies on patients to be certain that they are both ethical as well as scientifically sound. The Subcommittee has been engaged in the revision of the pamphlet "Human Studies — Guiding Principles and Procedures" to include recommendations relating to studies of children and incompetent individuals. These revised guidelines have been submitted to the Trustees' Advisory Committee

on Research and the Individual in expectation that these revised guidelines will be adopted and published early in 1969.

The Committee on Research has again greatly benefited by the Scientific Advisory Committee. This Committee, which is advisory to the Board of Trustees, serves an extremely important function by the critical and constructive analysis of the many problems presented to it by the Committee on Research. We wish to note here and express our thanks to the two members who finished their three-year term in 1968, namely Drs. Salvadore Luria of MIT and Eugene Kennedy of the Harvard Medical School. Two other distinguished scholars and scientists joined the Scientific Advisory Committee, namely President Howard Johnson of MIT and Dr. Elkan Blout of the Harvard Medical School. We are delighted to be able to have the benefit of their advice and counsel.

Finally, I again wish to express our appreciation to the many MGH scientists and investigators who serve on the various subcommittees. It is their dedicated effort that permits the Committee on Research to effectively tackle and resolve the many problems before it.

KURT J. ISSELBACHER, M.D.
Chairman
Committee on Research

VINCENT MEMORIAL HOSPITAL

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George S. Richardson, M.D.
Milford D. Schulz, M.D.
Olive W. Smith, M.D.
Bartlett H. Stone, M.D.
Chiu-chen Wang, M.D.
Richard J. Wurtman, M.D.
Leona Zacharias, Ph.D.
George F. Zinninger, M.D .

Miss Frances C. Grady, R.N., *Assistant Director in Nursing*
Miss Sheila Flynn, R.N., *Supervisor of Nursing*
Miss Helen Kukuk, R.N., *Head Nurse*

Research Fellow in the Vincent Hospital Laboratories
Jardena Ovadia, M.D.

Miss Frances C. Grady, R.N., *Assistant Director of Nursing*
Mrs. Joseph Stukas, R.N., *Supervisor of Nursing*
Mr. Paul Greenwood, R.N., *Evening Supervisor*
Miss Mary Smith, R.N., *Night Supervisor*
Miss Inta Berzins, R.N., Mrs. Peter Bowers, R.N., *Head Nurses*
Miss Suzanne Hudson, R.N., *Nurse Clinician*
Miss Mary Lichtenberg, *Unit Teacher*

Vincent Memorial Hospital
Report of the Chief of Staff

ALL hospital services in 1968 were called upon to their limit. The inpatient activities maintained or slightly exceeded their previous tempo, and the kinds of illness treated were the same as in the past, with cancer the largest single major disease problem. Ambulatory service is now showing the rapid increase in volume hinted at in previous reports. A major component in this has been the growth of our Special Clinic, offering pre- and post-natal obstetrical services, fertility, and family planning assistance. This unit now sees almost 20% of our ambulatory patients and has been expanded to a full five mornings weekly. The regular Gynecologic Clinic, however, has also increased its practice steadily since early 1967, and the activation in 1968 of the Bunker Hill Project will soon make itself felt by an additional increment to all the services we render. This project is one of combined hospital and community health center total care offered to the residents of Charlestown by the Massachusetts General Hospital with

The facilities naturally are often overtaxed, but none quite support from municipal sources.
so much as our personnel. Once again the Club has responded with just the necessary item, a program of volunteer aid which has been instituted after careful study and planning by the Board of Hospital Managers and smoothly activated by Miss Elizabeth Rackemann. Since October, the Vincent Volunteer has appeared and, lending a cheerful, willing hand wherever needed has already made herself truly indispensable.

Just twenty-five years ago, the Vincent Memorial Hospital Laboratory was established in a small room on the seventh floor of the White Building of the Massachusetts General Hospital. Its sole project was the preparation and examination of vaginal smears for cancer cells, in an effort to reproduce and confirm the observations reported the year before by Papanicolaou and Traut. Although my previous annual reports to the

Trustees have regularly described the scope and content of the Hospital research endeavor, it is my purpose in this anniversary year to indicate the overall pattern and plan.

The first research goal was earlier cancer diagnosis and was most suited to the function of the Vincent Memorial Hospital as it became the Gynecological Service of the Massachusetts General Hospital. By happy chance it achieved huge success and soon the technique was incorporated into the standard diagnostic apparatus of the Hospital. Further research then turned to the application of the method in other body sites and also, quite predictably, to the changes in the smear after cancer had been found and treatment begun. This called attention to the part played by the patient's own normal cells and tissues when treatment (especially irradiation) proved successful. By 1956 it was clear to be seen that even in the laboratory space provided in our new building, space already once expanded, it would be impossible to house a research program dedicated to cancer in this most basic aspect. The correctness of this decision has been demonstrated by the fact that even in major cancer institutes with clinical and research facilities far larger than ours, only a few hesitant advances have been made along these lines and most of these steps forward have grown out of studies involving cell cultures, or animal work, or virus experiments on a scale that would never have been possible here.

Equally important in the decision to continue cytology here but to phase out basic cancer research was the fact that no other research could find room, and other research was needed and would be in fact more appropriate to our gynecological function. Such investigation would naturally focus on the phenomena which are identified physiologically as female and which are initiated or controlled by the ovary. The two most important functions of the ovary are the production of ova and the synthesis of female sex hormones: both have been under continuous investigation here for the past twelve years by Doctors Janet McArthur and George Richardson respectively. Collaborators have been numerous and valuable and include Doctors Antoniades, Vincze, Prakash, Herbst and Parlow. Currently Doctors Olive Smith and Ovadia are collaborating with

Dr. McArthur in parallel studies of ovulation stimulation in humans and in a primate model (Bonnet monkey).

All techniques of detection and measurement of the naturally occurring active substances operating in the physiological and clinical situations we are studying have undergone progressive improvement and changes; so much so, in fact, that the internal design of the laboratories has suffered numerous rearrangements and now requires planned revision to accommodate the equipment and procedures for a completely new generation of research methods. This reconstruction is now well into the planning stage and will be paid for by a gift from a staunch friend whose generosity is no stranger to the Hospital in a multitude of areas. For this and for uncounted other signs of loyal support by Staff and friends alike, we are most deeply grateful.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital

Report of the Board of Managers

THE main characteristic of this year's report, covering April, 1967, to April, 1968, if one were to be chosen, is the familiar paradox that the only constant in life is change.

As the past year stands in review, we observe changes in admission policy, patient status, the adaptation of hospital buildings and their use, and the changes not only in the staff as they come and go, but in their attitudes. Traditionally, caring for woman patients is unpopular, but the subtle characteristics of the Vincent Hospital, its family orientation and its strong administration have offset many criticisms associated with a service of this kind; and thus, many professionals and non-professionals discover that they like to work in the Vincent.

In April, 1967, we had our meeting in the Countway Medical Library, by kind invitation of Miss Dorothy Rackemann. Mr. Esterguest, the Librarian, told us about some of the marvels of electronic library aids.

In September, the Post-Graduate course, always the most sought-after course for gynecologists in the country, opened our year. Fifty gynecologists heard eighteen doctors from thirteen departments of the Harvard Medical School, a rugged schedule.

In October, we heard of the changes in the over-all nursing plan for greater benefit to the patients: the introduction of the nurse-clinician who did teaching, counseling, and just plain comforting; and the closer association of the two Vincent floors. Always there was growing enthusiasm for the possibilities of a Volunteer Program.

Operating Room 28 in the new Gray Building of the MGH, now nearing completion, with special X-ray and radium equipment, was made possible by the 75th Anniversary gift of the Vincent Club to the Hospital. We are often reminded by Dr. Ulfelder of how fortunate we are to have a separate corporate existence and the ability to support our hospital and research projects fairly independently. This should be a source of deep satisfaction to every Vincent Club member.

Our Twentieth Anniversary in this building was appropriately celebrated in November at the annual birthday party, with a beautiful cake given by Mrs. George Lewis, and the hospital family enjoyed this morning coffee immensely.

Prodigies have been accomplished in the re-decorating program, under the guidance of Mrs. Sherman Morss, and Mrs. William C. Cox.

The board is always ready to work on any project and can be counted upon to strengthen and extend the hands of those who serve and care for the Vincent Hospital.

Eagerly, now, we look forward to the newest change in our hospital life, the Vincent Volunteer Program. Approved by our Trustees, for whose understanding and cooperation we are always deeply grateful, it will start October 1, 1968. Like every endeavor supported by the Vincent Club, it will surely be a model of excellence, and an example of devotion and generosity.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER, JR.)
President

Report of the Department of Pathology

THE year 1968 was highlighted by the departure of several members of our staff. Dr. Richard B. Cohen, who held the senior rank of pathologist, resigned from the active staff after a tenure of fifteen years to become co-director of the Department of Pathology at the Beth Israel Hospital, joining Dr. David Freiman, also an alumnus of our laboratory (1945-50). Dr. Cohen initiated and developed our histochemistry unit and over the years trained many fellows now holding academic positions. Fortunately, we are not totally deprived of his experience because he has been appointed to the Board of Consultation and has been spending half a day each week in the department. Dr. Karoly Balogh, an assistant pathologist as well as director of the otolaryngologic pathology laboratory of the Massachusetts Eye and Ear Infirmary, resigned to become chief of pathology at the University Hospital and associate professor of pathology at Boston University. Dr. Balogh was one of Dr. Cohen's trainees in histochemistry and had been in the department since 1958.

Two junior members of the staff, Dr. Hubert J. Wolfe and Dr. James M. Gibson, were given leaves of absence to enter the Armed Services. Dr. Wolfe is doing research at U.S. Army Medical Unit at Fort Detrick, Frederick, Maryland. Dr. Gibson, who is in the pathology laboratory at the Chelsea Naval Hospital, returns to the department about once a month to substitute for Dr. Castleman in teaching surgical pathology to the Harvard Medical School clinical clerks in surgery. Dr. Martin H. Flax, head of our immunopathology unit, was given leave of absence for a year to work with Dr. John Humphrey and Dr. Brigid Balfour in Dr. Peter Medawar's department at the National Institute for Medical Research in Mill Hill, London.

To fill the void, at least in part, created by this relatively massive exodus, we have been fortunate in recruiting Dr. Irwin Kline, who was trained by the late Otto Saphir of Chicago. His interest in cardiac disease, especially myocarditis and the cardiac lymphatics, has brought added strength to the department. Dr. Max Goodman, trained at the Mallory Institute

of Pathology at the Boston City Hospital, has taken over Dr. Balogh's position at the Massachusetts Eye and Ear Infirmary and has become an assistant pathologist in our laboratory. After his training Dr. Goodman joined the late Dr. H. Robert Dudley (MGH 1956-61) at Emory University in 1961 and then acted as head of the department for a year after Dr. Dudley's sudden death. His most recent position was at the University Hospital in Boston.

The fourth volume of the series of collections of CPC's was published by Little, Brown and Co. late in December. It is entitled *Neurologic Clinicopathological Conferences of the Massachusetts General Hospital* and is edited by Dr. Benjamin Castleman and Dr. Edward P. Richardson, Jr. Its interesting foreword, written by Dr. Raymond D. Adams, outlines the development of neurology at the Harvard Medical School and the Massachusetts General Hospital. The book is dedicated to the late James B. Ayer, a long-time chief of neurology, with the following words: "Revered teacher, sound investigator, wise clinician and lucid expositor of neurologic disease."

In November, Dr. Castleman was honored by the Albany Medical College in becoming the recipient of the Twelfth Annual Honorary Lecture Award, "in recognition of distinguished service to mankind in the fields of science, medicine and teaching." Previous Harvard recipients were Dr. George W. Thorn, in 1961, and Dr. William B. Castle, in 1964.

Research Activities

Dr. Wallace H. Clark continues to deal with various aspects of the evolution of primary neoplasms with emphasis on human primary malignant melanoma as the biologic model. In general, the results of these studies seem to indicate that primary neoplasms exist for a relatively long period, perhaps one to six years, in a superficial growth phase before aggressive malignant growth supervenes. The aggressive stage is indicated by the appearance of nodules or a "vertical" growth phase. There is increasing evidence from the study of these systems that certain aspects of cytoplasmic fine structure may be correlated with biologic malignancy. In the melanoma system these fine structural characteristics consist of loss of trans-

filament linkage in melanosomes and possibly an enhancement of cellular lysosomal activity.

Dr. Sanford I. Roth continues his research activities aimed at a better understanding of the morphologic alterations during protein synthesis, secretion and cell development and maturation. These investigations have included correlation of the alterations in fine structures of the various strata of reptilian epidermis with the x-ray diffraction patterns of these strata and their uptake of amino acids. His studies of the control of parathyroid hormone secretion have revealed that vitamin D does not have a direct role in the control of the chief cells of the parathyroid gland. Dr. Roth was one of two Americans invited to speak at the Symposium of the International College of Experimental Dermatology held in March in Palermo, Italy. He discussed the ultrastructure of the maturation processes in reptilian epidermis.

Dr. Barbara Sanford has continued her immunogenetic studies of transplantation of normal and neoplastic tissue into inbred mice and their hybrids. Several current projects are concerned with possible shifts in expression of genetically controlled antigens, either at the level of production of the antigenic substance or through masking of its presence at the cell surface. In one of these studies, which involves a sialomucin coating at the tumor-cell surface, Dr. John F. Codington of the Carbohydrate Research Laboratory and Dr. Henry Winn of the Department of Surgery have been collaborators. Two other collaborative projects are also under way, one with Professor Henry I. Kohn of Harvard University on the effects of immunosuppression on radiation-induced tumors and another with Dr. Herman B. Chase of Brown University on hair-growth cycles during transplantation.

Dr. Harold F. Dvorak has continued his studies aimed at an elucidation of the mechanism of immunologic tolerance and the localization of antigen in a variety of immunologic lesions, including delayed hypersensitivity and Arthus reaction. Assisting Dr. Dvorak on these projects have been Dr. Vivien Pinn and Mr. Robert C. Bast, Jr., a Harvard Medical School student spending a post-sophomore fellowship in our department. Mr. Bast has also initiated a study of the response of tolerant cells to specific antigent *in vitro*.

Dr. Kilmer S. McCully, in a pathologic study of two children with closely related enzymatic deficiencies in homocysteine metabolism, observed that arterial disease was associated with elevated concentrations of homocysteine, homocystine or a derivative of homocysteine. The findings suggest that these compounds may be of importance in the pathogenesis of arteriosclerosis in adults free of known enzymatic deficiencies. Many of the important experimental studies of arteriosclerosis in animals have been reinterpreted as a result of the findings.

Dr. Ronald S. Weinstein has continued his research on the comparative ultrastructure of normal and cancer-cell membranes in collaboration with Dr. Donald F. H. Wallach of the Biochemistry Department. Structural alterations induced with enzymes, such as phospholipids, and with extracting agents are being monitored by means of spectroscopic and ultrastructural methods. These studies indicate that cell membranes may be made of two-dimensional lattices of lipoprotein subunits rather than of extended bimolecular leaflets coated with protein, as has been assumed for the past decade by many authorities. Dr. Scott McNutt and Dr. Weinstein are studying the ways in which cancer cells communicate with one another. As seen with the electron microscope, cell junctions are markedly altered in some human tumors as compared with normal human tissues. Efforts are being directed toward correlating these structural changes with alterations in tumor-cell membrane permeability.

Dr. Charles G. Huizenga began an autoradiographic study of the pathologic modulations of skeletal cells in the scorbutic guinea pig. His results indicate a decrease in cell proliferation that parallels the fall in matrix production. Osteoblasts that no longer synthesize the matrix revert to a progenitor cell type, but with vitamin C replenishment labeled osteoblasts are again evident, although their rate of modulation from the progenitor pool is far less than normal.

Dr. Leonard Atkins reports that the work in the Cytogenetics Laboratory continues to reveal important and interesting cases. His research studies with members of the Museum of Comparative Zoology at Harvard University has continued: cytogenetics of lizards with Dr. G. Gorman, Ph.D., and avian

chromosomes with Dr. V. Jovanovic. Karyotypes that were hitherto unknown have been determined for a number of wild birds. They are making further attempts to define human autosomal loci, utilizing rare chromosomal abnormalities.

The Cervical Cancer Detection Project, supported by the U.S. Public Health Service, begun in July, 1966, ended on June 30, 1968. Cytologic examinations of 6,504 women uncovered eight cases of cervical cancer: four in the in-situ stage, three in Stage I and one in Stage II. The stimulus of this project has led to an increased volume of specimens processed by the Cytology Laboratory, under the direction of Dr. P. D. Taft, and obviously to better preventive medicine.

Dr. James B. Caulfield and Dr. David Page, as members of the Myocardial Infarction Research Unit (MIRU) have been primarily concerned with the patients with cardiogenic shock. Their results indicate quite clearly that cardiogenic shock is present in cases with extensive loss of muscle tissue (50% or more). At the present time there is no feasible treatment, and these patients will require either a heart transplant or a long-term mechanical device. Thus the clinical parameters of a group of patients that will have a 90% or higher mortality rate have been reasonably associated with an irreversible muscle lesion.

With Dr. John F. Burke at the Shriners Burns Institute, Dr. Caulfield has tried to determine the effect of various commonly used drugs on wound healing. To date it is quite clear that chloramphenicol, "diamox" and sulfamyalon severely inhibit collagen production. The action of each is different, but the end result is the same. Along these same lines "diamox" and ethacrynic acid have been shown to accentuate oxygen toxicity.

The statistics of the diagnostic examinations are as follows:

	1967			*1968*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	864	228	1,092	1,014	72	1,086
Autopsy percentage	64.3%			64.7%		
Surgical specimens	14,887	1,904	16,791	15,053	1,384	16,437
Microscopic preparations			106,458			99,463
Cytological specimens	9,576	9,759	19,335	9,176	11,100	20,276
Cytogenetics specimens	296	255	551	263	290	553

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Hall-Mercer Hospital

THE Hall-Mercer Hospital is integrated with the service, research and teaching functions of the Psychiatric Department of the Massachusetts General Hospital. The Hall-Mercer fund contributes significantly to the support of staff and defrays the hospital costs of patients who are impecunious.

Adaptation to the Stress of Acute and Chronic Coronary Heart Disease

Emotional factors play a significant role in the clinical course of coronary heart disease. Knowledge of the psychological adaptations to coronary illness will enable the physician to provide better care for his patient. Dr. Hackett and his co-workers have been studying the psychological environment of the Coronary Care Unit and have followed patients through convalescence, the return home, and the resumption of normal activities. Findings thus far have identified specific points in the course of hospitalization that account for much of the emotional stress and have emphasized denial as an effective coping mechanism. Further investigations will utilize biochemical, neurodermal and psychological test measures in addition to clinical methods. The aim of this research is to provide information that can assist the physician in reducing mortality and morbidity from coronary heart disease by improving the psychological care of the patient.

Computer Studies

Dr. Michael T. McGuire has been attempting to define the rules which govern language behavior in two-person communication. The methodology is based upon linking a volunteer subject through a typewriter with a computer which is programmed to respond automatically to limited aspects of the meaning of the "conversation" initiated by the subject. By limiting the computer to a specified number of response gambits, one can determine the minimum requirements for generating an exchange sufficient to convince the subject that a

human experimenter is at the other end of the communication process. By generating rules of increasing complexity to govern computer response, it is possible to dissect out relevant semantic and cognitive aspects of interpersonal communication.

Other research has centered on the effects of drugs on attention and on pain, and on the interrelationship between the two.

Studies on Patients with Implanted Electrodes

Dr. Ervin has continued his collaboration with Dr. Sweet in the investigation of brain dysfunction by means of implanted electrodes. Patients with episodic outbursts of unprovoked aggressive behavior and neurological and electroencephalographic evidence of temporal lobe dysfunction have been under active study. By means of implanted electrodes connected with telemetering devices, it has been possible to study the relationship between behavior and electrical brain activity in unrestrained subjects. The information obtained provides a basis for determining the potential utility of neurosurgical intervention in alleviating this socially crippling disorder.

Teaching Medical House Officers

Under the leadership of Dr. Thomas F. Dwyer, there is an active program to provide psychological training to all medical house officers. The broad aim is to provide physicians with additional skills in psychological diagnosis and management that will enable them to detect and respond effectively to psychiatric disturbances in their patients. Dr. Dwyer and his staff attend rounds and conferences of the medical house officers on a regular basis. In addition, there is a weekly conference on the medical service conducted by the psychiatrist in charge and specifically directed to conveying psychiatric principles to the medical house officers. Topics covered at these meetings include: management of the suicidal patient, treatment of acute psychosis, the response to catastrophic events, stress of hospitalization, etc. In addition, Dr. Dwyer has begun teaching by

use of video tape which enables the house officer to view his own interviewing techniques together with a supervisor. At the same time, the Consultation Service provides a framework for increasing the effectiveness of the psychiatric trainee in serving as a consultant to his medical colleagues, a process which widens his own awareness of the multifactorial nature of disease and recovery processes.

The Inpatient Ward

Under the direction of Dr. Bernard S. Levy, the ward program has emphasized group interaction between patients and between patients and staff as major aspects of the therapeutic experience. The more conventional aspects of treatment (individual psychotherapy, psychopharmacology and physical treatment) are integrated with the ward as an environment for living in which the patient is enabled to learn from his experience with others how more effectively to derive satisfaction and to offer satisfaction in his interpersonal relationships after he leaves the hospital. An active program of clinical research in lithium therapy has been undertaken with sequential follow-up of patients placed on medication.

Annual Meeting

On April 2, 1968, the staff of the Hall-Mercer Hospital visited their colleagues in Philadelphia, each group contributing three scientific presentations to an afternoon session in order to share with the other the results of the research underway in each division of the Hall-Mercer Hospital.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University

A THIRD of a century has now elapsed since the writer first became a member of the old Huntington Memorial Hospital of Harvard University, located on the corner of Shattuck Street next to the Medical School. The Hospital was opened in 1912, one of the earliest institutions in the country devoted exclusively to the care of cancer. It was soon recognized that a cancer hospital alone, without accompanying research laboratories, provides a dispirited environment, and in 1922, the John Collins Warren Laboratories were constructed next to the hospital wards. A generation of happy interplay between laboratory and clinical cancer research followed, in which the Minot and Murphy discovery of the cure for pernicious anemia, and the construction of the first million-volt Van de Graaff generator for the treatment of cancer were highlights.

By 1942, however, it had become apparent that a thirty-bed hospital could not provide adequate total care on a modern basis for the cancer patient, and the doors of the Huntington Memorial Hospital closed. The John Collins Warren Laboratories became part of the Massachusetts General Hospital, and the Huntington Memorial clinics became melded with those of the MGH. To some extent, however, the concentration of effort and interaction of surgeons, radiologists, internists, and laboratory investigators achieved in the closely knit Huntington Memorial framework became dissipated within the larger structure of the MGH. In addition, with the growth of medical knowledge and the necessity for increased specialization in laboratory research, it became in time impossible for a single individual to combine good clinical skill in cancer chemotherapy with the ability to push the fronts of knowledge in molecular oncology in the laboratory.

The clinical oncologists, with increasing patient care re-

sponsibilities, became both overburdened in their chosen field and separated from the bench top scientists. At the present moment, the MGH finds itself in sore need of more trained and devoted physicians to handle the complexities of the treatment of patients with cancer, and is in equal need of clinical investigators in the cancer field who have one foot in the clinic and one in the laboratory. This latter breed of physician-scientist has the role of bringing the most promising new drugs from animal testing up to the human level. To ensure that these fruits of science come to bear on the human problem, we need additional funds to support the growth of this human link in our oncology effort. It is also necessary to have more space for these individuals to develop an imaginative animal chemotherapeutic testing program.

In brief, our clinical oncology arm needs strengthening, both to carry out its important role in treating human cancer more effectively, and to bring new potential forms of therapy up through animal testing to the human level.

Our research activities may be divided into three categories, as follows: I. Clinical studies; II. Basic studies directly on cancer; and III. Background studies on growth, related to its regulation and the possible defects in cancer.

I. *Clinical Studies on Cancer*

A special interest of the chemotherapy group (Drs. Aisenberg, Kelley, Sohier, Carey, Goldman and Moolten) continues to center on the lymphomas and leukemias. These neoplasms are not among the most common human neoplasms (they account for only one cancer death in fifteen), but they deserve particular attention. The lymphomas and leukemias are exceptional in their response to chemotherapy, their prevalence in children and young adults, and their relevance to animal models of viral oncogenesis.

In the Hodgkin's disease study, 110 cases have now been staged employing newly developed diagnostic and pathologic criteria. Localized disease is being treated with radical radiotherapy with encouraging short term results. Advanced Hodgkin's disease is approached with either extensive radical radiotherapy or intensive and prolonged chemotherapy with a com-

bination of agents (nitrogen mustard, procarbazine, vincristine and prednisone). Initial evaluation of the experimental drug procarbazine (Natulan) in Hodgkin's disease is now complete, and investigation of BCNU (1,3-bis(2-chlorethyl)-1-nitrosourea) has been initiated.

Encouraging short term results have also been obtained in acute myelogenous leukemia employing experimental treatment schedules which include cytosine arabinoside and a thiopurine or Daunomycin. A more aggressive treatment approach to the lymphosarcoma group of diseases has also been adopted employing the combination of cyclophosphamide, prednisone and vincristine. These several combined drug regimens appear to offer a greater potential for remission induction than single agents used sequentially.

A thought-provoking analysis of age-specific incidence of Hodgkin's disease in various geographic regions of the United States has been completed in collaboration with colleagues at the Harvard School of Public Health. The striking finding that the incidence of Hodgkin's disease in the South in individuals below age forty is one-half this incidence in the North suggests that the etiological agent is dependent on geography. A related study, investigation of antibody levels to Epstein-Barr virus in lymphoma patients, has just been initiated.

In addition, Dr. Rita Kelley carries out her main research at the clinical level at Pondville Hospital (for the treatment of cancer), particularly in relationship to carcinoma of the breast. This is related to screening new hormones or utilizing more familiar ones better to define optimum dosage schedules. At present she is involved in evaluating dose response curves, using stilbestrol as a chemotherapeutic agent. She has also used combinations of chemotherapy and hormonal therapy on a randomized basis as secondary treatment. This study has not reached an adequate statistical sample for analysis. Outside the context of the formal studies of the breast group, she is utilizing combinations of hormonal therapy and chemotherapy in patients with breast cancer, and combinations of other types of chemotherapy in other settings of malignant disease. She is testing the intermittent usage of fluorouracil without a load-

ing dose, giving the drug on a weekly basis. Favorable responses have been reported elsewhere to this type of therapy, particularly in breast and colon cancer, and Dr. Kelley would like to evaluate these results.

II. *Basic Studies, Directly on Cancer*

A. *Immunological Studies* (Dr. Aisenberg)

It has become clear in the past decade that the thymus plays an important role in the development of immunological responsiveness. How the thymus functions, whether by a cellular mechanism or a humoral mechanism or both, and the relationship of this lymphoid organ to immunological tolerance are unanswered questions. Dr. Aisenberg continues his investigation of the adult mouse thymus and has found that the organ is necessary for recovery of the hemolysin response after irradiation. However, thymectomized animals will regain this response if an appropriate thymus graft is placed under the kidney capsule. This graft may be from a newborn animal identical in genetic constitution to the recipient or with only minor genetic incompatibility (the same H-2 locus), but a graft with major incompatibility (different H-2 locus) will not function. It is of considerable interest that when a thymus graft with minor incompatibility is used to restore an animal, the otherwise responsive animal is tolerant (specifically unresponsive) to skin from the thymus donor. These studies are helping to elucidate the intricate mechanism of thymus function.

B. *Studies on Animal Tumor Viruses* (Dr. Allen)

The RNA viruses which cause leukemia and lymphoma in chickens, mice, cats, cattle and other animals all appear to have the same structure under the electron microscope. Similar-appearing particles have been seen in the blood of human leukemia but no virus has as yet been isolated therefrom, perhaps because of the difficulty in finding a suitable experimental host. The chicken, mouse, and cat leukemia viruses contain proteins which are characteristic of each group of viruses, the so-called "group specific antigens." These antigens may be

present in cancer caused by the virus even when infectious virus cannot be immediately detected. We are studying the chicken leukemia group specific antigen and have determined its molecular weight, amino acid composition, its N- and C-terminal amino acids and are currently attempting to specify its amino acid sequence. In collaboration with Dr. Kurt Stromberg at NIH we are trying to define its location in the virus particle. It is hoped by learning about the structure and role of this interesting protein, we shall be able to understand better how leukemia viruses cause cancer in animals, and how to search more intelligently for similar viruses in man.

III. *Background Studies on Growth in Normal and Tumor Tissues*

A. *Studies on the Regulation of Protein Synthesis* (Drs. Stephenson, Bloemers, Marshall and Zamecnik)

The most vivid impression one carries forward from early days in the study of protein synthesis to the present time is our increased awareness of the complexity of the machinery. In 1953 these laboratories gave birth to the first reliable cell-free system for the study of protein synthesis, making possible the growth and development of a central field of biochemistry today. At that time we were aware of the necessity, in the biosynthesis of proteins, of 1) a supply of L-amino acids, 2) an ATP-generating system, 3) a sedimentable microsomal fraction, and 4) a soluble enzyme fraction. During the next few years in our laboratories the ribosome was established as the site for the polypeptide synthesizing step, and the existence of transfer RNA was discovered. This pivotal translation piece of the cell has in the past decade become the object of perhaps the most intensive scrutiny of any macromolecule in the biochemical world. The complete primary structures of half a dozen transfer RNA's have now been elucidated, by such gifted investigators as Holley, Zachau, Sanger, and Khorana; and recent crystallization of transfer RNA's in several laboratories now gives promise for future understanding of its secondary and tertiary structure. We are currently trying to understand the mechanism by which each aminoacyl synthetase

recognizes its own transfer RNA, in a critical language translation step between nucleic acid and protein — the so-called "recognition reaction." Any lack of precision or error which develops due to mutation or other biological circumstance at this step results in a serious defect in metabolism and in regulation of growth of the cell. Of great interest to our laboratory is the recent experimental observation elsewhere that the chicken leukemia virus introduces into the host cell transfer RNA's of structure different from those of the host. The exciting inference is that these viral transfer RNA's translate the genetic message of the invader tumor virus preferentially over that of the host cell, explaining in part at least the phenomenon of oncogenic transformation of the cell.

Thus the hopes of fifteen years ago that a greater understanding of protein synthesis would lead to the development of better leads in cancer research are coming closer to fruition.

The sensitive and elegant technique for determining the sequence of the primary structure of tiny amounts of nucleic acids being worked out currently by our colleagues the Drs. Randerath appears suited to the important task of trying to determine the differences between the chicken tumor viral transfer RNA's and those of the host cell. The techniques for isolating pure amino acid acceptor types of transfer RNA's, as recently elaborated by Drs. Scott and Schofield in these laboratories, are an important asset in the above quest, which we are about to take up.

Of great and equal importance would be the determination of the nucleotide structure of the terminal sequences of the chicken leukemia virus. These have very recently been established for several bacterial viruses, and the Randeraths' techniques appear to make it worth the struggle to try to determine the terminal nucleotide structure on the tiny amounts of chicken leukemia viral RNA which it is possible to obtain. There must be, one might reason, a special attachment mechanism of this nucleic acid for the enzyme which causes its multiplication within the host cell. An understanding of this fifth columnist feature would provide an important lead for future chemotherapy.

B. *Nucleic Acid Metabolism* (Drs. Jesse Scott, Peter Schofield, Kurt Randerath and Erika Randerath)

One of the most puzzling aspects of the properties of the machinery for the synthesis of proteins in adult non-malignant tissues is the rather rapid renewal of the ribosome population. This problem becomes especially intriguing, since it has been shown in early work from this and subsequently from other laboratories that in two transplantable, highly undifferentiated mouse tumors the ribosome population is stable. In this latter regard, the tumor cells resemble growing bacterial cells. A part of the research in this laboratory, carried out in collaboration with Drs. E. B. Taft and Garry Williams, is directed toward a more detailed study of this phenomenon in a well differentiated mouse plasma cell tumor which, while malignant, still remains at least one of the specialized functions of the normal cell of origin. This will permit comparison of ribosomal renewal in malignant cells which differ in their degree of differentiation.

Another component of the protein synthetic mechanism which has been known for a number of years and was discovered in these laboratories is transfer-RNA (tRNA). This molecule serves to translate the genetic message from the polynucleotide "language" into the polypeptide "language." It has been speculated that the mammalian cell has, again in contrast to the bacterial cell, a control mechanism for protein synthesis operating at the translational level. Working on this hypothesis, Drs. Scott and Schofield are studying the circular dichroism of a number of purified tRNA's, concentrating especially on the optical activity of one of the rare nucleotides in the molecule, 4-thiouridylic acid, as well as a band of optical activity which seems to be entirely dependent in some way on the conformation of the macromolecule. It is hoped that these studies may form the basis for the development of a probe of considerable sensitivity for the study of the interaction of the tRNA with the various components of the protein synthesizing system in normal and neoplastic tissues.

Regulatory processes which operate at the translational level may be subdivided into two classes: those affecting a specific protein or class of proteins, and those controlling the rate of

synthesis of all proteins. Neoplastic transformation could conceivably arise from a failure of either or both of these regulatory processes. As an example of the latter type of regulation, Dr. Schofield has elected to study the process of chain initiation in a bacterial system, and has concentrated initial efforts on obtaining samples of the chain-initiating tRNA — a form of met-tRNA which undergoes a specific transformylation reaction to yield N-formylmet-tRNA. Two chemically distinct forms of this crucial tRNA have been separated and isolated, and he is at present engaged in studying their physical and biological properties. Both forms contain the unusual or "minor" base, 4-thiouracil, which has a characteristic UV absorption band centered at 335 mμ, and measurements of the circular dichroism of this band have revealed some interesting differences between these two tRNA species.

A central goal of cancer biochemistry is to define the malignant process in chemical terms. If cancer is a genetic disease, careful comparative investigation of the structure of nucleic acids from normal and tumor cells can be expected to reveal differences in base composition and sequence of homologous nucleic acids from normal and cancer cells. In the past years Drs. Kurt and Erika Randerath have begun to develop a novel analytical scheme for quantitative and sequential analysis of RNA, which at present is over fifty thousand times more sensitive than the conventional optical methods. They have also worked out high resolution mapping procedures for separating nucleosides and their derivatives. These quantitative and qualitative procedures are now being applied to analysis of the structure of ribonucleic acids.

C. *Regulation of Normal Growth* (Drs. Nancy Bucher, Theodore Schrock, and Frederick Moolten)

Mechanisms by which growth may be regulated in normal mammalian tissues are being sought, with the aim of obtaining information ultimately applicable to neoplasia. Of perhaps more immediate importance, such knowledge also relates to the problem of repair and replacement of diseased or damaged organs, offering potentially new resources for therapy. Regen-

erating rat liver is the specific model under investigation; excision of approximately two-thirds of this organ induces a burst of proliferative activity that is precisely regulated, gradually tapering off and ceasing as the hepatic deficit is restored.

Control of the growth process appears to be mediated by a "humoral mechanism" (i.e., a change in the biochemistry of the blood) that is rapidly renewed, that must act over a prolonged period (at least 10-12 hours), that exerts its effects in a step-wise fashion, and that is effective in proportion to the degree of liver deficiency but in a complex manner, so that small liver losses are repaired relatively slowly in spite of the vast growth potential elicitable by large deficits.

Within the liver itself many changes occur, some attributable to the sudden metabolic overload, others to the transition from non-growth to rapid proliferation. The latter includes increases in RNA and protein synthesis, leading eventually to DNA replication. Dr. Bucher and her colleagues are currently examining the abrupt rise in the enzyme ornithine decarboxylase that starts within an hour after partial hepatectomy, and are exploring its function in the formation of the polyamines that possibly act upon the synthesis or stabilization of certain RNA's. Also, with the refined techniques of RNA-DNA hybridization, they are seeking the early appearance of specific RNA's. The immediate aim is to define early events concerned with initiating the growth process, both in the liver itself and in the blood where efforts are continuing to characterize the "humoral mechanisms" in more precise terms.

D. *Endocrine Aspects of Normal and Tumor Growth* (Drs. Lewis Engel, James Orr and Harry Karavolas)

The Endocrine division has continued its investigations of steroid hormone metabolism in normal and tumor tissues, and steroid action at the molecular level.

With the aid of the elegant technique of combined gas chromatography-mass spectrometry, Drs. Neville and Orr have carried out a detailed kinetic study of the Δ^5-3β-hydroxysteroid dehydrogenase activity of bovine adrenal microsomes, using 3β-hydroxyandrost-5-en-17-one and 3β-hydroxypregn-5-en-20-

one as substrates. This reaction is a fundamental and obligatory one in the biosynthesis of the major steroid hormones and it has been suspected of constituting a control point in the biosynthetic scheme. It was therefore important to measure the affinity constants and the maximum velocities of the enzyme system for several important substrates. The kinetic studies indicated the existence of a single Δ^5-3β-hydroxysteroid dehydrogenase with broad substrate specificity but the possibility of a non-enzymic rate-limiting step common to both substrates and to the cofactor must still be entertained.

Drs. Neville and Orr also performed a time study on the metabolism *in vitro* of dehydroisoandrosterone both by normal human adrenal gland and on adrenocortical adenoma causing Cushing's syndrome. The rate of formation of the principal product, androstenedione, was compared for the two tissues. In addition, a comparison was made between the methods of isotope dilution, using tritiated substrate, and the more rapid technique of gas chromatography-mass spectrometry, using deuterated substrate. It was concluded that the major products could be identified and quantitated satisfactorily but that for the detection of minor products the radioactive tracer method was superior. However, for comparing kinetic characteristics of normal and abnormal tissue, the rapid gas chromatography-mass spectrometry method will certainly prove to be the method of choice.

The selective modification of functional groups in the steroid molecule is of considerable synthetic utility. Dr. Orr has developed a method of reduction using sodium chloroiridate, isopropanol and trimethyl phosphite that has been found to cause conversion of saturated 3-ketones to the axial alcohols while leaving unaffected Δ^4-3 ketones, 17 ketones and 20 ketones. This degree of selectivity is unusual; it is proving useful in the synthesis of biologically important steroids.

A recurring problem in the identification of compounds isolated from natural sources is to determine if they have a steroidal skeleton. A well known method is to treat the substance with selenium at elevated temperatures, and identify the aromatic dehydrogenation products of which the best known is Diels hydrocarbon. This process has until now re-

quired prohibitively large quantities of the natural substance. By effecting the reaction in a sealed tube, and identifying the aromatic hydrocarbons by combined gas-liquid chromatography-mass spectrometry, Dr. Orr has reduced the quantity of steroid necessary for identification of Diels hydrocarbon to 0.1 milligram.

Dr. Engel spent the academic year 1967-1968 as McFarlane Professor of Experimental Medicine at the Glasgow Royal Infirmary, where he was based in Professor T. Symington's University Department of Pathology, which has for some years devoted its major efforts to the study of human adrenal tumors. There, continuing collaboration with Dr. A. M. Neville which had begun in Boston, he was occupied with the development of gas chromatographic methods for the separation and quantitation of the major thermolabile steroids on the biosynthetic pathways from cholesterol to corticosteroids.

In Glasgow Dr. Engel also enjoyed the collaboration of Dr. Peter Raggatt, who began studies on sulfokinases of human adrenal glands and also on the quantitative estimation of 20α-hydroxycholesterol in human adrenal tissues. Dr. Raggatt is continuing this work in Glasgow during the current academic year and will be joining us at the Huntington Laboratories in the summer of 1969.

Our opening statement was a plea for greater financial support and space to expand and strengthen cancer chemotherapy in the hospital framework. There are simply too few physicians expert in this field to cope with all the referrals of patients with metastatic malignancy. We must be able to attract young members of the House Staff into this field with the promise of financial support and laboratory space, if they are to contribute to better chemotherapy of the future, and reduce the nearly intolerable individual clinical load.

At the same time our efforts at reaching a scientific understanding of the closely guarded secret of cancer must not slacken. The depth of current insight into the way in which a bacteriophage takes charge of the metabolism of a microbial cell is a remarkable tribute to molecular biology. The analogy of this situation to the takeover of a mammalian cell by an oncogenic virus is a compelling one. There will surely be much

profit to the human race from scrutiny of the mechanism of action of tumor viruses on animal cells.

Thus our closing statement is that the Hospital needs an expansion in chemotherapy and radiotherapy to balance and complement our development in basic cancer research, and to keep pace with the growing need for expertise in treating cancer on the human level with the best new tools of science.

PAUL C. ZAMECNIK, M.D.
Director

Report of the Coordinating Committee

THE Coordinating Committee has held regular meetings during the past year and has served as a medium for the exchange of ideas and for the reporting of activities of the member groups. Dr. Ellsworth Neumann has attended each meeting and has kept the members informed on major developments in the Hospital.

Under the aegis of the Coordinating Committee, a joint committee with representation of each of the member groups was formed to inaugurate a volunteer service at the Storrow House. Mrs. Bradford Cannon and Mrs. John Irwin are co-chairmen of this group. The response of the patients and staff to the activities which have been introduced as a result of this service has been most enthusiastic.

The Hospital Tours Committee has been organized with Mrs. Edwin T. Green and Mrs. Ezra Stevens as co-chairmen, and with a representative from each member group of the Coordinating Committee. Following an intensive orientation, the members of the Tours Committee have embarked on a program of recruitment and training of volunteer guides from their several groups. The next step will be the initiation of the actual tour program, beginning with regularly scheduled tours for hospital employees in the early Spring. This ambitious program is designed to include, in addition to orientation tours for employees, tours for visitors with special interests, and tours for visitors who arrive unannounced to see the Hospital.

A Nursing Recreation Committee with membership representing the Coordinating Committee, Staff Education Department and the Staff Nurses has been meeting to plan recreational activities for those working in the Department of Nursing.

The activities of each member group have continued as usual and their reports are as follows:

MRS. NELSON W. ALDRICH, CHAIRMAN, PRESENTS THE FOLLOWING REPORT OF THE LADIES' VISITING COMMITTEE:

During the past year the Ladies' Visiting Committee has accomplished much, but we must all bear in mind that with the ever increasing demands made on the Hospital in our complicated world, the need for our particular service is also ever increasing. Our function has always been and will continue to be to provide the individual attention to the individual patient — of such very great importance particularly in a Hospital of this size.

To this end the Ward Visiting Committee under Mrs. George L. Blackman's able and devoted leadership has provided visitors, not only on a regular basis on the wards, but with special attention to those in particular need. A separate, but equally devoted Committee, the Children's Service Committee under Mrs. Ross E. Sherbrooke, has provided the same service to the young patients in the Burnham Memorial, many of whom unfortunately are without family visitors.

Under Mrs. Harvey Spencer's careful attention, the Baker Hospitality Committee has faithfully served coffee five days a week to patients being admitted to the Baker Memorial, often apprehensive and most appreciative of a kind and thoughtful word.

Mrs. Frederick Deane with unfailing sympathy and understanding has devoted herself to the Chapel and liasion with the Chaplain, Mr. Reed, and keeps the Committee in touch with his program for pastoral care. We are happy that we were able to help Mr. Reed attend an important conference in San Juan last spring.

Miss Anna P. Revere, Mrs. Francis C. Gray and the Store Committee, in addition to their constant attention to running the General Store, have been working closely with the Hospital architects on plans for the new store. They work long and hard and deserve our heartfelt thanks. Mrs. Eustis Walcott has kept the Traveling Store running throughout the wards. This important extension of the store gives enormous pleasure to the patients and makes money as well, a happy combination.

The Flower Committee under Mrs. Peter Hunsaker's imaginative leadership has not only attended to the flowers and

plants in the Chapel, but has cheerfully provided flowers for such occasions as the Volunteer Tea and our annual luncheon with the Trustees.

To make the Christmas season as cheerful as possible has always been a concern of the Ladies' Visiting Committee. Mrs. Richard Treadway ably arranged for Christmas decorations on the patient floors and for carol singing which gives such pleasure to patients, staff and visitors alike. Mrs. Ducey Ryerson made the lobbies festive with wreaths and trees and ornaments. These attentions to cheerful and attractive surroundings are of inestimable value to the Hospital. Mrs. W. G. Constable continues to be in constant demand to provide pictures for halls, offices, waiting rooms and patients' rooms, one of the most appreciated services that this Committee provides. In this connection I should mention the Art Wagon, which, although manned by a separate committee, works closely with the Art Committee.

Mrs. Sewall H. Fessenden's arrangements for hospitality for the wives of the House Officers have been received with gratitude and enthusiasm by the new members of the Distaff Club.

The Coffee Shop, our joint venture with the Massachusetts General Hospital Service League, has continued to thrive under the able and devoted care of Mrs. Karl Riemer.

In addition to our regular budgeted expenses the Ladies' Visiting Committee is continuing its support of the Patient Activities Center which has proved of such value to the patients in the Clinics.

We have been fortunate in having a distinguished group of speakers at our meetings. Dr. Oliver Cope, Dr. John Stoeckle, Dr. Leon Eisenberg, Dr. John Grover, Miss Ruth Farrisey, Mrs. Donald Fern, and Miss Suzanne Batchelder have given us fascinating looks at some of their particular concerns within the Hospital. We are most grateful and appreciative.

With the greatest regret we said goodbye to Miss Edna S. Lepper at our June meeting, and we offer her our best wishes in her retirement which from all accounts promises to be a busy one.

We have welcomed six new members: Mrs. Douglas D. Garfield, Mrs. Charles B. Hazzard, Jr., Mrs. Richard T. Loring,

Mrs. Thatcher P. Luquer, Mrs. Sherman Morss and Mrs. Edward C. Thayer. We also welcomed the return of Mrs. Barry Bigelow.

And, finally, this year has seen the inauguration of further activities to be undertaken in cooperation with other groups within the Hospital. Mrs. Bigelow is representing the Ladies' Visiting Committee on the Storrow House Committee and Mrs. Ezra Stevens is Co-chairman with Mrs. Edwin T. Green of the Vincent Memorial Board of Managers on the new Tourguide Committee.

Mrs. Augustus Thorndike as Chairman of the Anniversary Committee is planning for the happy observance of our 100th birthday in 1969. Mrs. H. Thomas Ballantine, Jr., has made a start on a history of the Ladies' Visiting Committee, most important as it approaches such a distinguished age.

When we add to these projects the prospect of our long awaited new store there is no doubt that our 100th year will be a busy and exciting one. To make it also a successful one will take the combined efforts of us all. We have a great opportunity, and knowing we will rise to the occasion, I look forward to the year with enthusiasm. My thanks to all of you for your support.

THE 1968 FINANCIAL REPORT OF THE GENERAL STORE, WHICH IS OPERATED FOR THE BENEFIT OF THE HOSPITAL, IS SUBMITTED BY MRS. FRANCIS C. GRAY, TREASURER, AS FOLLOWS:

Balance on Hand — December 31, 1967		$ 34,989.76
Cash Receipts		96,510.27
Total		$131,500.03
Expenses:		
Salaries (Includes Pension, Social Security, Workmen's Compensation)	$ 22,093.80	
Stocks Purchased	61,057.22	
Utilities Charge	137.64	
Miscellaneous (Inc. Mass. Sales Tax)	1,760.98	
Total Expenses		$ 85,049.64
		$ 46,450.39
Paid to Ladies' Visiting Committee		5,000.00
Balance on Hand December 31, 1968		$ 41,450.39

SUMMARY

Receipts	$ 96,510.27	
Expenses	85,049.64	
Cash Gain	$ 11,460.63	
Increase in Inventory	1,264.00	
Operating Gain for 1968	12,724.63	
Value of Inventory December 31, 1968		$ 7,857.00

Report of the Coffee Shop

THE Coffee Shop Committee looks forward to the fifth year of operation, confident that the Shop will continue as a vital part of the MGH, providing service to it, and to its patients, visitors, and staff. The Committee is composed of members of both the Service League and the Ladies' Visiting Committee.

Our forty-five volunteers deserve heartfelt thanks for their 4,000 hours of service. They are a most devoted and hardworking group. Their friendliness, sympathetic manner and courtesy add much to the success of the Coffee Shop.

We are most fortunate in having an exceptionally fine staff of capable and extremely pleasant people with whom to work.

The Coffee Shop is open Monday through Friday from 10:00 A.M. to 8:30 P.M. Last year we served over 300,000 customers and the Shop was running at full capacity 90% of the time.

Our thanks go to Miss Wolf and the Volunteer Department for their help and cooperation and for providing us with wonderful student help during the summer. I would like to particularly thank Miss Louise Hatch and Mr. Henry Murphy for their advice and help to us throughout the year; working with them is a privilege and a pleasure. We are extremely grateful to Mr. Joseph McCue and Mr. Laurence Martin for their counsel and assistance in all our financial arrangements. My thanks also go to the Coffee Shop Committee, the volunteers and the professional group, all of whom contribute so much to the Shop and the MGH.

LOUISE C. REIMER
Chairman

MRS. JOHN B. MCKITTRICK, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE MASSACHUSETTS GENERAL HOSPITAL SERVICE LEAGUE:

Currently the total membership of the Massachusetts General Hospital Service League is 530. Because dues are voluntary, 351 women are paid members and 179 have not paid dues, but many of these are actively engaged in projects. Forty-five new members were added last year. The classification of supporting and contributing members was added two years ago to the regular dues group and this has resulted in (the addition of) welcome funds to the treasury.

The Reception Center continues to perform a wide variety of services for the international visitor who comes to the Hospital for a limited period, usually no longer than three years, to work, teach, or observe. Of 108 visitors, Mrs. Milford Schulz, chairman, reported that 89 were doctors and the remaining 19 held a variety of jobs: of all these about 50% were counted as "single," that is, they were here alone. Thirty-five countries were represented. They all register at the Center and are given a kit containing much helpful material. Many have language difficulties and almost all of them stop by from time to time for help in various areas.

One important function of the Center is to provide housing. Requests numbered 78, all of which were filled, and this is about the same number as in the previous year. Over half of these were for apartments, about one-third for furnished rooms and the rest for houses.

The furniture exchange maintained by the Service League at McLean Hospital offers international visitors a truly remarkable service. They may go there and select as much furniture and equipment as they require (depending on the stock at the moment). Mrs. Donald Fern reports that more than 50 donations were made, mostly by Service League members, and both the Massachusetts General and McLean Hospitals have been most generous in donating furniture that is no longer needed. At least two-thirds of the visitors requested help ranging from one or two items to furnishing a three or four room apartment.

When a visitor registers, he (or she) indicates an interest in receiving tickets for concerts or other events. Thanks to con-

tributions from the Service League, the Ladies' Visiting Committee and friends, Mrs. Moses Slotnik was able to distribute 249 tickets last year. Of these, 100 were for Symphony, 105 for the Peabody Mason Music Foundation, and 44 were miscellaneous events. It goes without saying that the donation of these tickets means much to this group who possibly would not otherwise be able to enjoy these events.

Under Mrs. Roman de Sanctis's enthusiastic leadership, the Hospitality Committee for International Visitors has scheduled a variety of events throughout the year. Mrs. John Moses was chairman of a tea given in October for our visitors and their wives. Members of the staff were also invited to provide an opportunity for the two groups to meet informally. At Thanksgiving and Christmas, cards are sent to this group so that they may indicate an interest in being entertained in American homes. All 22 requests were filled at Thanksgiving. During the Christmas season a series of area parties were held to which the visitors and their families were invited. Throughout the fall, winter and spring the seven area chairmen and many others interested in entertaining visitors had informal parties for wives and children. A spring picnic was held at the home of Dr. and Mrs. Bradford Cannon in Lincoln for the visitors and their families and the Distaff Club. Throughout the summer two beach parties a week for wives and children were much enjoyed. One of the highlights was a picnic given by Mrs. James Currens at her house in Wareham which was attended by more than 80 women and children. Dr. and Mrs. Perry Culver entertained about 45 single visitors and some staff members and their wives for supper in the early fall. Close liaison with the International Institute and the International Students Association resulted in many extra activities for our visitors and their families. Language courses, ski trips and sight-seeing trips were among the programs planned for wives, and arrangements were made for care of their young children.

Mrs. Francis Ingersoll, chairman of the Clinics group, reports that although the total number of volunteers is down slightly from last year, "37 volunteers have given 2,500 hours of devoted service to the Massachusetts General Hospital and its patients." Eleven new workers were obtained last year. The

Information Desks on Clinics I continue their important functions of supplying supportive and accurate instructions to patients and hospital visitors. The Admitting Area Hospitality and Information group with the members of the Massachusetts Eye and Ear Infirmary Volunteer Service have offered countless cups of coffee, tea and cocoa to patients on the three floors of the Clinics Building. This service means much to the weary and confused patient, and it is interesting to note how many of them offer to pay for it and are amazed to discover that it is free of charge! The Massachusetts Eye and Ear Junior Volunteers served many hours on weekends and during the summer months.

The newly reorganized Medical Clinic had requested volunteer help, and upon the completion of a pilot project, the new service was organized. Working under the supervision of head nurses, the volunteers were able to relieve them of many nonnursing duties and assist patients in a variety of ways.

The White Corridor Information Desk, under Mrs. Oliver Julin's leadership, offers direction and aid to an average of 55 people in the morning and 75 in the afternoon. It is staffed five days a week by ten workers, some with five years of experience, others new to the service.

Between October 18, 1967 and April 24, 1968, fourteen Chapel Concerts were scheduled; three were cancelled because of illness, snow and construction. An average of 45 people attended each concert. About one-third of these were wheelchair patients, one-sixth ambulatory patients, and the balance was made up of staff members and patients' families. During the season, 26 volunteers worked 232 hours, averaging 21 hours per concert. A most welcome addition in the fall of 1969 was the acquisition of a rebuilt Steinway Grand piano. The Hospital paid the greater part of the bill and the Service League made up the difference.

The annual report on the Coffee Shop, run jointly by the Ladies' Visiting Committee and the Service League, appears elsewhere in the report of the Coordinating Committee.

"The Bulletin," which is published three times a year under Mrs. John Head's able editorship, is a valuable source of information for all Service League members.

After Mrs. John Irwin reported the need for a volunteer service at Storrow House, an *ad hoc* committee chaired by Mrs. H. Dunster Howe was appointed by Mrs. Laurence Robbins to determine how this might be best implemented. It was decided that the Coordinating Committee should initiate this new service and a committee was drawn up consisting of one representative from each of the volunteer groups: the co-chairmen, Mrs. John Irwin and Mrs. Bradford Cannon are Service League members. Since May, when the service was started, 20 women have contributed 360 hours serving tea four days a week, borrowing books from the Lincoln Library for the patients, shopping for personal needs three times a week and making cloth bags to carry necessities for people on crutches and in wheel chairs. In addition, the Garden Club has maintained plants and made Christmas decorations. Magazine subscriptions have been started and extensive work has been done on the library in an effort to bring it up to date.

Mrs. Alexander Leaf attended the American Hospital Association meeting at Atlantic City in August as the Service League representative. In the fall, nine morning coffees were given by the Community Chairmen to which Service League members living in the area and their friends were invited. Throughout the year the Service League was represented at the Volunteer Advisory Committee and Coordinating Committee meetings. Mrs. H. Peter Mueller was chairman of the ever-popular midwinter luncheon which was held at the Fantasia Restaurant in Cambridge. Dr. John H. Knowles gave a fascinating and provocative account of his recent trip to Vietnam. Dr. Paul Russell addressed the annual meeting in May. His topic, "Transplants — Past, Present and Future," was a most timely one and interested the entire audience.

As the Hospital continually enlarges the scope of its services it is to be hoped that the philosophy of the Service League will continue to expand its horizons as the need becomes apparent.

MRS. THOMAS BUCHANAN, PRESIDENT, PRESENTS THE FOLLOWING REPORT OF THE DISTAFF CLUB:

The Distaff Club is primarily a social organization designed to provide opportunities for House Staff wives to become bet-

ter acquainted with one another as they meet to pursue common interests, participate in service projects, and attend meetings and social activities planned by the Club. It is composed of the wives of House Officers and Fellows at the Massachusetts General Hospital, the Massachusetts Eye and Ear Infirmary and McLean Hospital. Also included in the membership are women who are House Officers and Fellows themselves.

This report covers the period from October 1, 1967, to September 1, 1968, and, therefore, includes the work and activities of two executive boards. The election of officers takes place each year in April with the new executive board taking over in mid-May. The officers for 1967-1968 were: Mrs. James McFarland, President; Mrs. Richard Baringer, Vice-President; Mrs. Boyd Eaton, Secretary; Mrs. Lee Leak, Directory Secretary; and Mrs. William Shipley, Treasurer. Elected officers for 1968-1969 were: Mrs. Thomas Buchanan, President; Mrs. Melvin Platt, Vice-President; Mrs. R. Bruce Donoff, Secretary; Mrs. William Sack, Directory Secretary; and Mrs. John Mason, Treasurer.

Service projects undertaken by Distaff during this period included the annual Halloween and Valentine parties given for the children in Burnham and the giftwrapping of presents for the Hospital Christmas Party. A special service was provided by the Housing Chairman, Mrs. Robert Williams. She sent information to all incoming House Staff concerning housing in the Greater Boston area and operated a telephone service listing available rentals. A combined effort of Distaff officers made possible the publication of "Distaff Suggestions," which included practical hints and information particularly useful to the newcomer. The Boston Chamber of Commerce contributed many useful publications, including maps of Boston, which were sent to every incoming Distaffer.

Meetings and social activities in the fall of 1967 included a potluck supper honoring our international house officers and wives and a general meeting featuring Dr. Dexter Lawson. Winter events were highlighted by Distaff's Christmas Dance and late buffet. Distaff seminars brightened the winter months with such topics as tailoring, children's books, wall hangings,

singing and cookery. In April, over one hundred Distaffers enjoyed a luncheon and fashion show at Anthony's Pier 4. The Spring Dinner Dance, a joint project of Distaff and the Service League, was held in May at the Chestnut Hill Country Club. The traditional Memorial Day Picnic at the home of Dr. and Mrs. Bradford Cannon gave Distaff families a delightful day outdoors. Distaff also helped in the arrangements of MGH Night at the Pops, which many of our members and their husbands enjoyed.

The July Tea, at which Dr. and Mrs. John Knowles and the Distaff Club welcome newcomers to the MGH family, marked the official beginning of the Club's activities for 1968-1969. The summer Get-acquainted Program included area picnics throughout Greater Boston, several cocktail parties, an afternoon of Boston Red Sox baseball, two museum tours, a number of beach parties and a tour of the historic Salem homes.

The Distaff Directory, which included the names, addresses, and husbands' positions of over 450 Distaffers was issued in late August. The "Distaff News," the Club newsletter, is published quarterly to keep members informed of the Club's events and activities, and consists of the schedule of events, feature articles and notices of births and marriages.

Financial support is provided by annual dues of $3. In 1967-1968, there were approximately 150 dues-paying members. Additional funds were raised through the Bake Sale and Bazaar, which brought in $350.

Distaff continues to provide a wide variety of activities in social, special interest and service areas to accomplish its founding purpose, "to enable the House Staff wives to become better acquainted with each other and with the Hospital."

Report of the Department of Nursing

IN some respects, the Department of Nursing may be considered a microcosm of the larger national scene, in that it is currently facing and, from all indications, will continue to face a multitude of forces which influence in no small way its designated role and function in delivering nursing care of the quality and in the quantity needed by the patients and families admitted through the multiple portals of this institution. These forces include:

— The phenomenal impact of medical and technological advances on the total spectrum of patient care-taking activities.

— The continuous redistribution of new responsibilities to the nursing practitioner — with little concern for the resultant deflection, and in some instances defection, from the primary care-taking role of the nurse.

— The current and projected quantitative and qualitative shortage of professional nursing personnel to meet the nursing needs of society at large, and hospitalized patients in particular.

— The strangling effect of the expanding number of specialized care units on the available nurse manpower supply.

— The vicious-circle effect of syphoning off nurses from an already tight market to assume responsibilities for which other personnel can be prepared.

— The cultural life pattern of women in our society which make short tenure and radical turnover a fact of life.

To substantiate the above, one need only point to:

— The progressive acceleration of activity in the patient care areas as a result of the day by day expansion of medical and technological sophistication.

— The increasing involvement of nurses in the multifacet curative operations of health care.

— Societal demands for extra-hospital health promotion and sickness prevention programs, with the accompanying support of social legislation.

— The geometric expansion of special care-taking units — coronary, cardiac, surgical, burn, transplant and stroke units, as cases in point.
— The utilization of professional nurse manpower on intravenous, anesthesia, respiratory and physical therapy, and medical care teams.
— An annual staff nurse attrition rate of 77.7% for the fiscal year 1967-68. On October 1, 1968, 35% of the 545 staff nurses employed by the Department had been in their positions less than one month; 52% less than six months and 60% less than one year. Of this number, 52% were under 25 years of age; 72% were under 30 years of age; the majority were in a beginning position as a nursing practitioner, and 71% were single — and hence, eminently mobile.

On the other hand, one can enumerate substantial differences of comparative import in relation to other departments of nursing. In this respect, worthy of mention are:

— The avant-garde position of the institution and Department in the health care field.
— The prestigious position and substantial support afforded the Department by administration, medicine and other institutional departments and services.
— The dedication and commitment of a majority of the nursing staff to the achievement of the purpose and goals of the Department.
— The enviable reputation of the institution as a medical and paramedical teaching center.

Again, in substantiating the above, one can point to the fact that the Department was able to meet the challenge of a critical shortage of nurse manpower in the summer of 1968, without resorting to a cut-back in its services. This would not have been possible without the understanding and support of administration and our physician colleagues, and the willingness of the remaining nursing staff to assume the onerous burden of overwhelming patient care assignments and heavy overtime hours. The recruitment quotient of the institution is corroborated by the following statistics: between June 1 and October 1, 1968,

a total of 286 staff nurses were employed, representing an absolute increase of 74 over the same period in 1967. In September alone, a total of 174 staff nurses joined the departmental ranks.

The one positive aspect of the summer dilemma is that out of crisis there evolved needed change. Some of these changes are described in the remainder of this report. However, the more subtle changes in interdisciplinary relationships and effort are more difficult to describe, but they deserve recognition and commendation in this report.

Nursing Service:

In a report of this type, one can only highlight the major activities and accomplishments of a Department whose purview is as broad and complex as that of nursing.

— On November 15, 1967, the first patient was admitted to the six-bed cardiac monitoring unit on Phillips House 2, which opened under the medical direction of Dr. Roman DeSanctis. As of October 1, 1968, a total of 277 patients had been admitted to the unit. In this period, largely due to the tireless efforts of the medical director to promote the coordinated teamwork of medical and nursing personnel, the unit has become a well-known center of coronary care-taking, attracting to its doors nurses who wish to work there, graduate nurses who wish to learn, and a constant flow of visitors who wish to observe.

— In 1967-68, a total of 94 patients were treated in the five-bed Respiratory Unit on Phillips House 2 — approximately 58% of whom were Baker Memorial, 23% General Hospital and 19% Phillips House patients. This unit, under the medical direction of Dr. Henning Pontoppidan, continues to serve as a major teaching center for respiratory care-taking for medical and nursing personnel from within and without the Hospital. The additional burden which this places on unit personnel deserves special mention in this report. The Department is pleased to report that a paper on, "Intensive Care in a Respiratory Unit," written by Mrs. Eleanor Murphy, the

charge nurse in this unit, was published in the September, 1968, edition of the *Nursing Clinics of North America.*

— During the year, the administrative and nursing staffs in the White Building made substantial progress in the functional reorganization of the general surgical clinical units. The South Wings on White 6 and 7 have been established as autonomous units, with their own head nurse and complement of staff. This change has made possible more effective assignment and utilization of nursing personnel, and represents the initiation of a movement to reduce the size of the functional units throughout the hospital to permit more efficient and effective delivery of nursing care. Under the direction of two well-qualified rehabilitation nursing specialists and in collaboration with an advisory interdisciplinary team, the nursing service on White 9 is in the process of total reorganization. With the cooperation of the Volunteer Department, an active recreational program has been initiated on this unit, which has contributed greatly to the psychological well-being and general morale of both patients and staff. The image of White 12 as a care-taking unit for a heterogeneous mixture of patients with infections of one type or other has been eradicated. In its place has evolved the identity of this unit as a care-taking unit for adult patients with extensive burns and for kidney transplant patients. The assignment of a nurse at the Emergency Ward front desk to work closely with the physician triage officer and to maintain communications between patients and families has proven helpful. The progressive movement toward improved services to patients and families in the White Building is indeed remarkable in view of the constant change in leadership personnel. The statistics for 1967-68 show an almost complete turnover of staff nurses, a change of head nurses on all but one unit, a complete turnover of the day supervisory staff and all but one evening staff member.

— Two innovations inaugurated in the nursing service of the Baker Memorial Building during the year warrant

mention — namely, the introduction of the Unit Co-ordinator Program in December and the administrative designation in July of the North and South Wings of Warren-Baker 12 as a Cardiac Surgical Care Unit. The provision of unit coordinator service on a number of the Baker Memorial units during the day, on evenings and on weekends has contributed greatly to the ability of the nursing staff to improve the quantity and quality of the therapeutic services rendered and, hence, to an increase in job satisfaction. The opening of the Cardiac Surgical Care Unit marked the initiation of an institutional development which has had a tremendous impact on the organization and operational functioning of the nursing service in this building. Despite the critical shortage of nurses during the summer months, the regionalization of cardiac surgical patients on Warren-Baker 12 was effected quite smoothly. In fact, the administrative steps taken to effect this transition served as the model for subsequent regionalization planning. The regionalization of beds by services in this building has made possible a more rational allocation of supervisory authority and responsibility; a more defensible system of organizing and administering nursing care; a more effective system of nurse recruitment; increased utilization of the clinical units as clinical practice laboratories for basic and graduate nursing students; more effective, efficient and economic use of nursing personnel with specialized knowledge and skills; a more collegial physician-nurse relationship. The designation of the South Wing on Baker 6 as a medical intensive care unit and the accompanying reorganization of medical and nursing teams seems to hold much promise for future care-taking endeavors. The physical improvements in the utility room areas has contributed to a reduction in the frustrations of the nursing staff who must work around the multiple physical inadequacies of this building.

— The nursing effort on the medical services of the General Hospital during the year has been focused on improvement of the quality of nursing care rendered to patients and families. The relative stability of functional organi-

zation made it possible for the nursing staff to concentrate on innovations directly related to improved care. Notable among these are the introduction of nursing rounds, the nursing history and the revised Kardex form.

— The appointment of Dr. Bernard Levy as psychiatrist in charge of Bulfinch 7 has enabled the nursing staff to move forward in a collaborative effort to establish a therapeutic community on this unit. Mention must be made in this report of the contribution made by the Department of Psychiatry to the nursing service throughout the institution. At the request of the Department of Nursing, members of the psychiatric staff have been assigned to work with the members of the nursing staff in assessing the needs of patients with emotional problems which interfere with their regime of care and in planning for their management. This supportive assistance is much needed and is greatly appreciated.

— In addition to concentrating on the improvement of the quality of care delivered on the gynecological service, the nursing staff experimented with a functional reorganizational plan which involved the assignment of one head nurse for the two Vincent units. Although the plan has not been instituted on a permanent basis, it serves as an example of the creative approach which must be tried and tested on the various nursing units.

— In the past year, as a result of the superb cooperation and support of the Administrative Officers, the Medical and Nursing Staff, the Department of Construction and Maintenance, and the Department of Industrial Engineering, significant progress has been made toward much-needed improvements in the physical facilities of the Burnham units and in the reorganization of the nursing service. To date, the nurse-doctor stations have been renovated and refurbished; cubicle partitions have been removed; new beds are in use; solaria have been repainted and refurbished; visitor areas have been extended. The South Wing on Burnham 4 has been converted to a unit for adolescents and older children with adequate shower and bathroom facilities, and a recrea-

tion room for their use. Part of the solarium has been converted into an office-conference room for the play therapists. Additional renovations are in progress. Concomitant with these changes in the physical plant, a concerted effort has been made in the direction of revising the functional organization of nursing personnel for more effective delivery of nursing care. The augmentation of the nursing staff with nursing practitioners of considerable knowledge and experience augers well for the improvement of the quality of care rendered to children and families in 1968-69.

— To fully describe the scope and nature of the nursing effort and accomplishments in the Clinics would require a separate treatise. To mention but a few — the administrative and nursing staffs have been deeply involved in the evolution of the Bunker Hill Health Service Project which was launched in September, 1968; the Pediatric Nurse Practitioner Program which was given a maiden voyage in 1968 and is now an on-going endeavor under the direction of Dr. Alfred Yankauer and Miss Priscilla Andrews; the Laboratory of Computer Science studies of the clinic appointment system and of automated history-taking; experimentation in the delineation of nursing roles and function, and the development of new models of providing ambulatory care; the planning of a scheme of team delivery of care in the Children's Clinic; the initiation of a program of technical assistants to augment the nursing staff; planning for the severance of the long-standing relationship with the Massachusetts Eye and Ear Infirmary and for the development of a new one.

— The nursing staff at the Logan Airport Medical Station, under the medical direction of Dr. Kenneth Bird, continues to provide services to airport personnel, travellers and community residents. In 1967-68, the census showed an increase of 3,000 over the previous year. On April 12, the first transmission via Tele-Diagnosis was effected. Since that date, a system of tele-nursing reports and continuing education programs has been inaugurated.

— Under the direction of Miss Mary Quinlan, considerable departmental effort was directed toward the improvement in the quality of the nursing services rendered at Storrow House. This division has been licensed by the Commonwealth as an extended care facility.

Nursing Education

The inpatient and ambulatory services of the Hospital continue to be utilized extensively as learning laboratories by a variety of basic and graduate nursing education programs. The increasing complexity of the patient care-taking activities in the inpatient units of the Hospital and the designation of an increasing number of special care zones make it more and more difficult to provide appropriate learning experiences for basic students in nursing. The sophistication of the nursing knowledge and skills required to function in the majority of the clinical units would appear to be more geared to educational programs at the graduate level. For this reason, the Department of Nursing favors a future expansion in both the number and type of cooperative arrangements for graduate nursing education programs, as opposed to an increase in the number of basic nursing programs.

In 1968, the Department of Nursing, in cooperation with the government-sponsored Health Services Training Program, initiated training programs for Hospital Aides and Surgical Technicians. In 1968, 58 hospital aides were trained through the Staff Education Department, of whom about 40% were recruited from within the Hospital and thus were afforded an opportunity for career development. In March, 1968, a twenty-week training program for the preparation of surgical technicians for the operating room was inaugurated. Twelve graduates of this program are currently employed in the Operating Program.

In July, 1968, at the peak of the critical nursing shortage, an experimental program was initiated which involved the utilization of medical students on selected care units. Seven medical students who had successfully completed two years of medical school were recruited for service during the summer months. They were trained, under the direction of the

Staff Education Department, to assist the nursing staff in the inspection and adjustment of electromechanical and support equipment, and in the execution of specified care-taking activities. The findings of this experiment should prove helpful in future deliberations relative to the utilization of ancillary personnel in the various units of the Hospital.

In January, 1968, a sixteen-week course was planned and executed by the Clinics Nursing Department, in cooperation with other disciplines, to enhance the role of the nurse in Ambulatory Pediatric Care. The registrants included representatives from the Clinics staff and from outside agencies. This initial effort served as the model for the on-going Pediatric Nurse-Practitioner Course offered to registered nurses involved in the care of children in the hospital and community. This program is one part of a project related to the training and recruitment of allied health manpower, in the area of pediatric care, which was developed by Dr. Alfred Yankauer and supported by government funds.

When the current and projected demands for professional nurse manpower are considered, in the light of the current and projected supply of nurses, it seems safe to conclude that the initiative and effort of the Department of Nursing in the preparation of ancillary health workers will be expanded. The C.O.T.E. Subcommittee on Allied Health Manpower has served as a helpful forum for collaborative dialogue. An *Ad Hoc* Committee has been appointed by the Department of Nursing — "to explore the possibility of increased use of ancillary workers in the special care areas of the Hospital." One of the difficult obstacles to be vaulted here is the specificity and rigidity of the Nursing Practice Act in this state and the interpretative rulings of the Board of Registration.

Several significant factors influence the nature and weight of teaching activity in the area of orientation and continuing education of the nursing staff. These include: an inordinately high attrition rate for nursing personnel; the high percentage of inexperienced nursing staff who are attracted to the Hospital because of its teaching reputation and the variety of pre-service nursing educational programs from which they come; the sophistication of the medical care offered, which places a high premium on specialized nursing knowledge and skill.

The Staff Education Department assumes a major responsibility for the planning, implementation and evaluation of the continuing teaching effort of the Department. In 1968, six new faculty members were added to this Department, bringing its total to twelve full-time staff members. Each member has educational preparation and experience in a specialized area of nursing and, as a result, is assigned specific as well as general teaching functions. The central objective of the Staff Education Program is to provide basic and continuing position-oriented instructional programs for all nursing personnel for the purpose of improving the quality of nursing services and of fostering positive attitudes toward personal involvement, responsibility and commitment. The program offerings can be categorized under three general headings — orientation, continuing education and consultation services. Orientation classes were held every week throughout the year for all categories of nursing personnel. Each new employee had an initial two-week orientation program. A variety of clinically-oriented instructional programs were offered throughout the year, which fostered the development of the specialized knowledge and skills necessary to keep nursing practice at all levels abreast of the time. The reputation of the Department of Nursing is such as to make it prone to continuous requests from within and without the country to provide opportunities for nurse visitors seeking assistance and to provide consultative services. The bulk of this teaching activity is handled through the Staff Education Department.

In addition to the collective teaching effort of the Staff Education Department, on-going teaching programs have been organized at the unit and service level. The programs are geared to the specific learning needs of the staff. In September, 1968, an experimental position category of Unit Teacher was created. The Unit Teacher, under the general direction of the supervisor or head nurse and in collaboration with the Staff Education personnel, works directly with individual staff members in assisting them in planning and implementing patient care. These teachers are available to staff on the day, evening and night tours of duty. It is anticipated that their support will make the adjustment phase of the new staff members

less traumatic and frustrating and, hopefully, contribute to a reduction in the attrition rate.

In 1967-68, a number of additional nurse clinician appointments were made. These clinical nursing specialists provide leadership in the assessment of the nursing problems of individual and groups of patients and in the subseqent planning, implementation and evaluation of the nursing care rendered to them. They have proven to be a creative and innovative force in improving the dimensions of nursing practice in the various service areas.

The Nurse Internship Program, which was inaugurated in September, 1968, aims to provide the beginning practitioner in nursing with the opportunity to extend her knowledge and skill in selected area(s) of nursing practice. The program is directed primarily to meet the learning needs of the beginning professional practitioner who is desirous of developing increasing professional expertise in a specialized area of nursing in the work locale of a medical teaching center. The expressed interest and objectives of the individual intern guides the pattern of the program plan. In essence, the proposed program offers the candidate the opportunity to enter the Department of Nursing service by way of an established continuing educational track. The program was launched on an experimental basis with sixteen graduates from nine baccalureate programs. The areas selected by this group include pediatric, gynecological, surgical, medical, cardiac and psychiatric nursing. Although it is too early to evaluate the effectiveness of the program, the reports to date have been encouraging. If it is successful and if there is an expressed interest, similar programs will be opened to graduates of associate degree and diploma programs. A larger group of collegiate graduates is anticipated in 1969.

The utilization of the Unit Teacher is viewed as an interim step in the reorganization of the unit nursing service. The ultimate goal of the Department is to recruit sufficient numbers of nursing clinicians, qualified by education and experience, who will assume the total responsibility for the planning, implementation and evaluation of a specified number of patients (ten to twenty, depending on intensity of care required) and

for the teaching and supervision of the total nursing team assigned to the unit. Such a reorganization will require marked revision in the line and staff position categories currently operative.

This report would be incomplete without commenting on the splendid cooperation and support of the medical staff in the planning and implementation of the teaching program. Visiting men and House Staff have given generously of their time and effort as members of the various Advisory Teaching Committees and as participants in the teaching sessions. In addition, generous contributions have been made by individual physicians and collective services toward the purchase of teaching equipment, books and extra-mural conference expenses. The Department is deeply grateful for this interest and support.

Nursing Research

The current and projected shortage of professional nurse manpower without and within the institution, along with the rising costs of hospitalization, suggest that some priority be given to the task of scientifically measuring nursing personnel requirements and utilization on a continuing basis. Empirical data currently available suggest that: (1) many service-performance problems of a qualitative nature stem from either a shortage or under-utilization of essential personnel; (2) an objective method for continuously evaluating personnel requirements and utilization can lead to a substantial easing of the effects of the general nursing shortage through appropriate utilization of existing personnel; (3) corrective action in relation to problems of staffing and utilization depend heavily on the availability of tools for locating and defining these problems in an objective, scientific and continuous manner.

Toward this end, a Staff Utilization and Control Program was inaugurated in September, 1968, under the direction of two nursing research analysts, and in collaboration with the Laboratory of Industrial Engineering. The scientific objectives of this program are: (1) the development and testing of models of nursing personnel allocation, assignment and adjustment based upon the nursing requirements of the various

nursing units of the Hospital; (2) the provision of an objective means of determining daily manpower needs for each nursing unit as a function of shift, census and patient care requirements; (3) the provision of the management controls necessary to measure on a continuing basis the level of staff utilization achieved by each nursing unit; (4) the provision of continual information feedback for ascertaining when and where corrective action is necessary.

Since 1966, the Department, in collaboration with Dr. Murray Melbin, has been involved in a research study of staffing patterns and their relationship to staff turnover. Since the onset of the study, the responsibility of staffing schedules has been assumed by a staffing coordinator in the White Building. In the interest of extending this method on a hospital-wide basis, a Staff Allocation, Assignment and Adjustment Program was initiated in September, 1968. The specific objectives of the program include the development of assignment and adjustive computer programs; the provision of an objective means to evaluate and update the program; the provision for close reciprocal communication with the Staff Utilization and Control Program; and an eventual tie-up with the Payroll Department.

Prologue — 1969:

The issues and problems which challenged the Department in 1967-68 will no doubt be compounded in the year ahead. In addition, although the projected opening of new intensive care units will help to relieve the intolerable pressures in the recovery room areas, it is recognized that the recruitment and training of adequate numbers of nursing personnel to serve these units cannot be achieved by mere wishing or by fiat. The administrative designation of the Unit Coordinator Program as an autonomous operation under the newly-created Department of Clinical Administration is most appreciated.

In concluding this report, I would like to pay special tribute to my predecessor, Miss Edna Lepper, who carried the onerous burden of this office for the greater portion of 1968 and yet who found the time and energy to prepare me well for the challenge of this post. Her serene graciousness, unfaltering wisdom and unselfish commitment to the Department's goals

and effort have been largely responsible for the smoothness of the administrative transition, and a source of personal emulation. I am also deeply grateful to each and every member of the nursing staff for their support and assistance in planning and implementing the departmental programs for 1968-69.

MARY E. MACDONALD
Director, Department of Nursing

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

EIGHT regular meetings of the Advisory Council have been held from September, 1967, through May, 1968. This year, we have been concerned with adapting to changing needs, and in the process the School has spent time and effort in self-evaluation. The approach of another Accreditation visit has been partly responsible for a deeper look at the adequacy of our preparation, but, of course, the continuing threat to diploma schools of nursing and the increasing pressure for more nurses are also causes for soul searching.

Curriculum changes for 1967-1968 have been largely in Maternity Nursing, Nursing of Children, Psychiatric Nursing, and the placement of Operating Room Nursing. Changes made in the intersession period will mean that Graduation, beginning in 1969, will be held in August instead of September.

The faculty presently consists of 49 members on a full-time basis and one on half-time. There are, however, three or four vacancies including much needed assistance with administrative matters. The turnover in staff due to illness and resignations for personal reasons has posed problems for the faculty in orienting twenty new members and finding enough who are qualified to assume leadership on the many committees of the School.

The American Hospital Association expressed regret at the closing of hospital schools and has begun a national study of this situation. Another approach to relieving the confusion in education caused by the A.N.A. statement has been the consideration of credits to be given by colleges for the education received in diploma schools. A report on the varied amount of credits given by different colleges was made to the Council, as well as the growing recognition of the validity of "challenge" examinations which are being given in some institutions.

In view of the changing nature of nursing, and in preparation for the Accreditation team's visit in March, the faculty re-examined the philosophy and objectives of the School.

Preceding the Accreditation visit, the staff had also evaluated themselves — a painstaking task, but the findings provided the Committee with the information necessary to its study. The two visitors surveyed printed materials, School quarters and residences; interviewed staff and students and visited Dr. Knowles and others. They appreciated the hospitality shown them. In commenting on the strengths of the School, they felt that the School had given serious attention to resolving the problem areas identified in the 1963 visit. The establishment of a central school facility with space for classes and offices was particularly praised; also the initiation of the expanded hospital tuition plan and utilization of the plan by which faculty can prepare themselves for instructional and other responsibilities.

As usual the March meeting was the annual luncheon meeting of the Council and faculty, at which Dr. John Knowles gave a moving talk on the Vietnam war. He understands the conditions, both historically and currently, which make a military or political victory impossible. Wide reading plus his recent experiences while visiting the country have given him insights which few people seem to have. He considers the Vietnam and Civil Rights issues among the most important issues for the Hospital to be involved in, and the audience was visibly moved by the intensity of his concern.

The Council is fortunate in having as one of its members Professor McTernan, Director of the Division of Allied Medical Sciences at Northeastern University. He described the varied ways in which that University is attempting to meet the manpower shortage in health services stressed by the Federal Government's National Advisory Committee. Northeastern, being the largest private institution in the United States providing the cooperative plan of education based on "earning while learning," contributes to meeting the present health needs by affiliating with sixty hospitals and rehabilitation centers in the area and by providing courses related to health needs in almost all of its eleven colleges.

At our last meeting of the year, we were privileged to hear from five students reporting on their experiences at the National Student Nurses' Association Convention held in Dallas, May 9 to 13, 1968. They were sent as representatives from the Massachusetts General Hospital Student Nurses Cooperative Association. Their enthusiasm, their increased awareness of the social as well as physical needs which they, as future nurses, must meet, their intense desire for action to bring about equalization of care between rich and poor patients were stimulating to hear and gave proof of the quality and potential leadership in our student body.

The Nominating Committee for 1968, composed of Mrs. Francis B. Haydock, Mrs. Roland V. Patrick, and Mr. Maurice Downey, Chairman, felt that because of their valued experience and meritorious service both Mrs. Harris Fahnestock, representing the community, and Mrs. Dorothy Hayward, representing Health and Education, should be reappointed, and we feel fortunate that they have agreed to serve another term. We are losing one of our alumnae members, Miss Grace Nangle, whom we will miss. Mrs. Marilyn Prouty has been nominated by the Alumnae Association to a three-year term.

In closing I wish to express the appreciation of the Council for Miss Petzold's leadership and for the excellent minutes of the meetings provided by our secretary, Miss Marguerite Ryan.

SIGRID EDGE, *Chairman*
Advisory Council of the School of Nursing

Report of the School of Nursing

THE concerted efforts of the Admissions and Recruitment Committee of the School of Nursing in cooperation with various community agencies contributed to an increase in the size of the Freshman Class which entered in September, 1968: 138 students, including 3 men, the largest class since 1960, an accomplishment indeed since some diploma schools of nursing are being forced to close for lack of qualified applicants and national figures revealed a 14% decrease in diploma school admissions in 1967.

For the first time three students were admitted from the ODWIN program: a supplemental program for the academically, culturally, and socially deprived students in the Boston School System. We now maintain a strong link with this program through many of our faculty who are volunteering their services to recruit, to tutor, and to make home visits to talk with the families of potential applicants. Our students have also established a recruitment committee which is helping to develop Future Nurses Clubs in South Boston and Roxbury, and to offer the services of its members for recruitment and tutoring, a gesture of caring and concern which speaks more eloquently than bulletins and flyers.

The Freshman Class, ranging in age from 17 to 42, compares favorably in their qualifications with all other schools of nursing in the Greater Boston area, with their Median College Board Verbal and Mathematics Scores exceeding all except for one collegiate program. A total of 39 of the Freshman Class have attended college and 22 colleges are represented. About one-third of the students came from sixteen states outside of Massachusetts, and from Panama, Canada and Hong Kong.

The Junior Class of 97 students, with an attrition of almost 28%, seemed in some instances to reflect uncertainties, indecision and turmoil, and lack of readiness to make a commitment to a career choice so early in their lives, a phenomenon seen in many schools across the country. We are trying to determine and to alleviate factors contributing to attrition, since our rate is almost at the national average for diploma programs

though considerably less than that for Baccalaureate and Associate Degree programs.

Of the 98 Seniors who graduated, 55% of those planning immediate employment accepted positions in the Nursing Department of the Massachusetts General Hospital. In their total career in nursing undoubtedly a much larger percent will return to M.G.H. for employment. With the requirement of a Baccalaureate Degree in Nursing for certain positions, and with a salary differential in some agencies, it is not surprising that more of our recent graduates are attending college full time or part time. We are making every endeavor to keep the students who wish this information informed about admissions and challenge examination requirements in colleges in order to facilitate their continuing education after graduation from our program, and enable them to derive maximum benefit from the educational experiences.

The number of applications for financial aid, the number of awards made, and the total amount awarded increased again this year. The largest increase was in relation to the Freshman Class with more students, independent of their parents, financing their own continuing education. The expected increase in the amount of financial aid requested by the Seniors and Juniors due to the discontinuance of the Senior stipend, and the added commuting and meal costs in relation to the Juniors' clinical assignments at McLean Hospital, was not significant, but students registered concern over the increased cost to them. Grant-in-aid awards totaled $21,900; loans under the Nurse Training Act of 1964 provision, $32,845 and scholarships, $10,100. The total increase was $15,000 with the largest amounts coming from scholarship funds which we are extremely fortunate to have. This year, due to insufficient appropriations, the Federal payment we received under Section 806 of the Nurse Training Act of 1964 was reduced from $19,500 to $17,940. Title II of the Health Manpower Act of 1968 (P.L. 90-490), effective July 1, 1969, extends, alters and in some instances expands the provisions of the Nurse Training Act of 1964. Among other provisions, the new Act increases the maximum annual loan to a student from $1,000 to $1,500, increases the individual scholarship amounts for needy students

and removes the matching requirement of the institution, and alters the Institutional Formula Grants to provide a basic grant to each school of $15,000 and additional funds by formula, in terms of relative enrollment, numbers of graduates, and increase in enrollment. The requirement for an increase in enrollment will be a difficult one for us to meet since our Freshman enrollment is now maximum in terms of available clinical experience and numbers of faculty, and it seems unlikely that, in the years ahead, more qualified applicants will select diploma instead of degree programs.

Curriculum evaluation and revision continued to be a major undertaking of the faculty, and the student body working with the student members of the Curriculum Committee contributed in a conscientious, astute, and eager way by raising questions, exploring and speaking to issues, and offering suggestions. Major changes planned for last year were implemented this September and included the development of the Maternal-Child Nursing course with core content related to experiences in Maternity Nursing and Nursing of Children; a reduction from 7 to 6 weeks in the Operating Room Nursing course and its transfer from the Senior to the Junior year; the development of the Psychiatric Nursing course, for which we assumed responsibility, with students commuting to McLean Hospital with our faculty 3 days a week for experience; enhancement of the Senior year by strengthening the clinical instruction, adding advanced seminars in Biochemistry and advanced Anatomy and Physiology, Nutrition, Pharmacology, and correlated nursing content and experiences for deeper knowledge and understanding in relation to the complex care of patients in terms of expanded medical and surgical technology; revision of the Freshman year to lessen the number of separate courses and establish more meaningful relationships between courses in order to minimize and eliminate some details and repetition and to balance and spread science content more evenly in the program; revision of the applied Dietary Experience by actually integrating Nutrition as a part of Nursing Care with the instructor conducting weekly Nutrition Conferences on each unit, discussing diets of assigned patients and so on. The uniqueness and inherent values of such a course have been

recognized by the International Congress of Dietetics who have invited our instructor, Mrs. Lynn Fleming, to present a paper on the subject before the assembled Congress this spring. A by-product of curriculum change will be the moving of Graduation up to August 8 in 1969 and to June or July in 1970 when the plan is in full operation.

Understandably, the goals of the School of Nursing are largely implemented and achieved through its Teaching Program with its extensive resources for learning, and through its Student Personnel Services. However, increasing efforts must be devoted to evaluating the attainment of the School's goals, and indeed, the validity of the goals in relation to preparing graduates to develop and carry out the roles of the nurse in the preventive, curative, restorative and palliative aspects of the health care of people and in the context of contingent political, social and moral issues. We are developing and implementing a comprehensive, ongoing program of self-evaluation through the faculty organization, faculty committees with student participation, intramural studies, and participation in a number of studies sponsored by other agencies and groups on a national, state and local level.

The prime motivating forces impelling our evaluation program are our conviction that high quality of health services demands high quality of nursing education; the high standards of the faculty and staff, who support the thesis that, at present, diploma education for nursing can be sound and continues to merit support; and the capabilities, restless inquiry and idealism of our students that serve as catalysts for a realistic appraisal.

It is with this philosophical background and readiness that we prepared the Self-Evaluation Report of the School of Nursing, which is the major document used by the Board of Review of the National League for Nursing in granting voluntary accreditation to Schools of Nursing and for the Accreditation visit which took place in March, 1968. We were pleased to receive notification in June, 1968, of our continuing accreditation. With the next survey scheduled for 1974, we have started to work on the recommendations of the Board of Review which centered around the relationship of faculty committees

to the total faculty organization by developing and implementing a work policy for faculty (presumably to allow time for all the necessary adjuncts to teaching such as curriculum revision and development, student guidance, preparation for teaching and committee activity, administrative tasks, research or evaluation, maintaining records, etc.); extending and increasing the quality of our guidance and counseling services (for which we need more staff); ascertaining that curriculum requirements are distributed equitably and in reasonable time periods throughout the program; and re-evaluating our staffing needs so that they will be adequate for teachers to assume their proper responsibility for all aspects of a course, including supervision of students in all learning experiences.

As a result of evaluation activities during the past year, and recommendations of the faculty, specific changes were made to prevent or alleviate problems, and to improve the quality of the program and services. These included:

— Revision of the statement of our beliefs about education and how learning takes place to serve as a guide to curriculum planning, to interpret our program to others, and to provide a common frame of reference for students and faculty.

— Revision of objectives and course requirements in order to state more clearly the goals to be attained, but at the same time to allow more latitude, creativity and flexibility for both teachers and students in reaching these goals.

— Revision of certain aspects of the faculty organization in order to reflect changes in the group including new positions, to clarify and facilitate its functioning and communications, and to involve the faculty more appropriately and effectively in studying needs and problems, making recommendations, and contributing to decision making and policy changes and development.

— Revision of faculty job descriptions and requirements for appointment to help clarify roles and improve standards.

— Development and implementation of a more specific on-

going plan for faculty orientation and development to provide for continuity and stability and better morale. As an integral part of the program, faculty are given the opportunity to work on a staff nurse level in the clinical area where they subsequently will be directing student learning experiences.

— An increase in the School Staff because of the expansion of our program; increased responsibilities which teachers must assume for guiding and supervising student experiences in the clinical areas related to the increasing complexities of patient care with which students need assistance; and the lessened ability of members of the Nursing Department to provide student supervision because of the many other demands on their time and skill. Four faculty were appointed for the Psychiatric Nursing course, the responsibility for which we had to assume due to the closing of the McLean Hospital School of Nursing. Though a position was approved for another person to share in the administration and leadership roles, we have as yet been unable to appoint a qualified person, a serious handicap in program development and the support and assistance which we should offer to students and faculty. We are trying now to recruit more people with the potential for leadership, and a readiness and desire to assume that kind of responsibility so that we can move them along into such a position.

— Evaluation of the cost of some of the student health services and the recommendation that a $25 per year health fee be re-instituted for all students. This received administrative approval and will become effective in September, 1969.

— A complete review of library holdings, and expansion to include the Great Books, recreational reading, etc.; establishment of guidelines for accessions; completion of recataloging; an increase in hours, including the weekend, that the library is open; and the addition of an automatic copier which greatly expands the services of the library to its users, and also allows faculty to prepare

transparencies and create teaching aids. Policies have also been developed to extend the services of the library to other groups than the faculty and students in the School of Nursing.

— Expansion, relocation and renovation of office, classroom, and conference room space due to increase in staff, increase in the number of courses being taught, and needs related to Student Personnel Services. Additional conference room and office space will be needed in the future, but the crowding in the residences during the summer months should be alleviated by changes in schedules, student vacation periods, and graduation dates. We are thankful indeed for the many lovely new furnishings which we have been able to obtain for the student residences, and for some of the offices and classrooms. The carpeting in the library rooms has reduced the noise and made them very inviting. We take pride and joy in our facilities and are pleased to have the opportunity to share them whenever feasible with other groups within the Hospital. The living rooms of Bartlett Hall and Walcott House were used on 220 different occasions for special functions, and use of the classrooms was extended at various times during the year to the Nursing Department Staff Education, the Volunteer Department, the Building Service, and the Institute for Pastoral Care. Our audio-visual equipment was increased and as a result the added work involved in the preview, selection and purchase, maintenance and booking for use of this equipment requires the attention of one person to expedite and coordinate its use. Further expansion of our holdings will allow the teachers' talents to be utilized more effectively and creatively, provide for more independent study, and enhance student learning in many obvious ways. We depend upon audio-visual aids, as well as experiences at other agencies, to make up for the lack of certain experiences at M.G.H. The regionalization of patients and the shifting patient population make it necessary not only to revise the curriculum, but also to seek

ways to provide appropriate experiences which would otherwise be unavailable to the students.

— Revision of admissions policies to provide for course exemptions; the selection of "risk" students; the administration of the Personality Test for Nursing developed by Gene Smith, Ph.D., Psychologist, Department of Anesthesia; and the admission of graduate nurses from foreign countries to our course in Psychiatric Nursing to help them become eligible for licensing to practice as registered nurses in Massachusetts thereby helping to alleviate the shortage of registered nurses in hospitals and nursing homes in particular. As one of the very few schools in the state providing this opportunity, we have been deluged with requests from more applicants than we can accept.

The major tasks ahead will be concerned with further identifying the future direction of the School of Nursing, further curriculum revision, recruitment of qualified students and faculty, and reorganization and expansion of Student Personnel Services.

We look forward to the continued strong support and counsel of the Trustees, the Hospital Administration and the Advisory Council to the School of Nursing as we grapple with these problems.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

Report of the Social Service Department

HIGHLIGHTS of the past year in the Social Service Department reflect in many ways the work of the Hospital as a whole. During a year of high utilization of the resources of the Hospital, we have seen a 10% increase in referrals to Social Service. This year referrals totalled 11,785 patients. This is an increase of 1,977 over last year. Trends reported a year ago have continued through this year. Marked increases in numbers of patients referred have continued in the clinics and the private services. The numbers and characteristics of the patients referred to Social Service in the clinics tend to indicate that the Hospital is increasingly serving the population of needful patients from the inner city. Referrals from the Baker Memorial continue to reflect the effects of the Social Security Amendments of 1965. More patients are referred, and they are increasingly elderly patients with limited financial means. Increased referrals of needful patients have led to increased staff, and costs of the Department have increased in proportion.

As larger numbers of patients are served by more staff in our department with concomitant increases in cost, we are more aware of our responsibility to insure that our Department's services are utilized appropriately. In an attempt to insure that patients receive what they need in assistance with social and emotional problems and that these services are carried out as efficiently as possible, we have established a review committee under the chairmanship of Miss Grace Nicholls, Associate Director of Social Service. The committee membership is elected by the staff and is representative of the staff. A random sample of all work carried out by the Department is reviewed. The record is examined to determine the reason for referral, whether the referral was appropriate, the services given, and whether the services were suitable to the needs of the patient. The committee was satisfied with the quality of service in all but one case in the first sample of thirty records. In two thirds of the cases both services and recording appeared appropriate.

Our first experience with this type of review leads us to expect a yield of improved recording on the part of the staff as well as the opportunity to know more systematically whom we are serving, for what purposes, and with what degree of quality.

One of the most important ventures of the year has been our participation in the development of the Bunker Hill Health Center of the Massachusetts General Hospital. The provision of comprehensive health services for the people living in Charlestown offers exciting potentials for furnishing services to one of the most needful groups within the inner city. The potential for preventive health services for young people in this area is great. Social and emotional problems are extensive. Our staff is being expanded in order to provide services in Charlestown. The Family Health Service, as the Social Service component is named, will function collaboratively with the physicians, nurses and others of the unit to provide for the health and mental health needs of the community. The social workers of the unit will function under the immediate direction of Mr. Henry Sikkema with responsibility to the Director of Social Service and the Director of the Health Center, Dr. John Connelly. We approach this move of the teaching hospital into the community with enthusiasm and will bring the resources of this Department fully to bear to help insure sucessful fulfillment of the promise implied.

This year also concludes the support of the Federal Government in the demonstration project, "An Experiment in Continuity of Patient Care Through Collaboration with Selected Nursing Home Facilities." This grant has made possible the development of more effective, continuous care of patients as they are transferred to other facilities for longer term care.

There is considerable evidence that this program made possible more efficient use of Massachusetts General Hospital beds. We currently have an average delay of 2.39 days after medical readiness for patients being transferred to other institutions. In October 1966, the average delay was 6.8 days. Because we transfer about 2,500 patients per year this means we save approximately 10,000 days per year of acute hospitalization.

COMPARISON OF JULY — AUGUST 1968 WITH PREVIOUS SURVEYS

	Oct. 1966	March 1967	July 1967	Oct. 1967	July-Aug. 1968
Total Number of Patients Referred to the Social Service Department for Placement	173	213	187	174	209
Total Days of Delay	1,189	878	924	929	499
Average Delay	6.8	4.1	4.35	4.3	2.39
Percentage Not Referred Until Medically Ready	44%	13.5%	19%	28%	22%

This significant decrease in delay of transfer has occurred at a time when we have a long waiting list for admission and when beds are scarce in other facilities, especially in chronic hospitals. In addition to our work, several factors contribute to this change. Because of an educational program undertaken by the Utilization Review Committee of our Hospital, physicians now refer much earlier for post-hospital planning. Also, reimbursement for Medicaid patients in Massachusetts has changed considerably. While it does not yet match Medicare reimbursement, the new reimbursement formula is more related to cost, and there is less reluctance on the part of nursing homes to accept Medicaid patients who need a good deal of care.

AVERAGE DAYS OF DELAY

Method of Payment	July 1967	October 1967	July-Aug. 1968
Private	7.25*	6.4	1.7 days
Medicare	2.6	2.7	1.8 days
Medicaid	10.4	8.8	3.7 days

* One patient was delayed 90 days

We still have great difficulty placing patients under 65 in facilities prepared to offer rehabilitative care (i.e. extended care facilities) because of the differential in rates. The least delay occurs when patients are returned home with home care planned. Shortage of beds in chronic hospitals still results in needless delay.

AVERAGE DAYS OF DELAY

	Oct. 1966	Mar. 1967	July 1967	Oct. 1967	July-Aug. 1968
Home Care	1.3	1.2	1.3	4.5	.4
Extended Care Facility	3.3*	1.6	3.1	2.2	1.3
Nursing Home		6.2	5.1	6	1.9
Chronic Hospital	18.9	10.3	12.8	12	6.2

* Extended Care Facility did not exist as a category

At the same time we would not be satisfied with speeding up the discharge process unless patients were assured appropriate care following transfer. We have reviewed the Emergency and Overnight Ward placements for the past four years and the following figures are encouraging: The Emergency Room of the Massachusetts General Hospital serves as the admitting door for patients in trouble. The reduction in patients returning for replacement is therefore highly significant.

SUMMARY OF EMERGENCY-OVERNIGHT WARD NURSING HOME, EXTENDED CARE FACILITY PLACEMENTS

Months of January, February, March	Number of Patients Placed by Emergency-Overnight Ward	Number of These Who Were Replacements *	Percentage of Replacement
1965	71	33	46%
1966	59	2	3%
1967	74	5**	7%
1968	49	2	4%

* Replacements or transfer from one facility to another made because Massachusetts General Hospital, nursing home, family or local doctor thought patient not receiving level of care required.

** Two were replacements at the end of 100 days of Medicare.

The Transfer Office was started in March, 1965. The fact that this office is able to help match the needs of a patient to the appropriate bed in the community is a large factor in this change.

We also know that emergency admissions from nursing

homes have been greatly reduced. Though we do not have good base line data from 1965, the impressions existed that a significant number of patients were readmitted from nursing homes with problems of dehydration, pneumonia, decubiti, etc. In January, 1967, a study done by the Admissions Committee of emergency admissions through the Emergency Ward and the Front Door for all divisions of the Massachusetts General Hospital indicated that only 1% of admissions for the month were from nursing homes (14 of 1,073). Of these, several came from homes we no longer used and were patients who frequently were new to the Massachusetts General Hospital.

The alternative of home health care planning is considered more often than in the past, and the earlier referrals give us more opportunity to find appropriate community resources to support a family in providing care:

	Visiting Nurse Association *	Nursing Home **	Chronic Hospital	Total
March 1965	28%	60%	12%	100%
March 1966	40%	50%	10%	100%
March 1967	41.5%	52.6%	5.9%	100%
March 1968	47%	43%	10%	100%

The Total Number ranged from 350 to 600 patients.

* Visiting Nurse Association referrals indicate home care.

** In March, 1967 and 1968 this figure also includes Extended Care Facilities.

As of October, 1968, the Hospital has assumed the financial support of the Transfer Office and it will continue as an integral part of our Department.

Teaching activities have continued and to some degree been enlarged during the year. Twenty-five students in the Masters and Doctoral programs of Simmons, Smith and Boston College Schools of Social Work have received field training in the various services of the Massachusetts General Hospital.

The social work assistant summer training program has continued. These young people add greatly to our capability to meet the needs of patients with personnel appropriately prepared to do the work. Hospital funds have assumed the cost of this program except for some assistance gained by integrat-

ing our training program with a new Federally supported training program instituted by Dr. Morris Chafetz. This interdisciplinary program aimed at special preparation for treatment of patients with alcohol-related problems includes six pre-professionals. These six receive their training in basic work with patients with our pre-professionals during the summer months. Following this period, they join the psychiatrists, psychologists, social workers and nurses for more specialized training in work with alcoholic patients.

This year the decision has also been reached to transfer the direction of the Community Mental Health Training Program for Social Workers to the Social Service Department. A strong affiliation with the Department of Psychiatry will continue in offering the content of the interdisciplinary program. In September, 1969, the major field experience of the program will become our Health Center in Charlestown.

Approximately the same amount as last year has been expended in providing for the needs of patients so that appropriate medical care and orders can be carried out. A total of $105,653.82 was expended (of this, $37,268.63 was repaid by public welfare and families). Again the largest item was transportation of patients to and from the Hospital ($59,124.42); then camp and tuition to special schools ($19,807.52); and nursing homes, extended care facilities and homemaker services for patients ineligible for public payment ($13,297.89). The largest share of the payment came from the Edward V. Bird Fund. The remainder ($18,529.32), was made available through contributions or special funds. We are most grateful to the following for their generous gifts, making possible our work with patients: American Cancer Society (Massachusetts), American Cancer Society (New Hampshire), American Red Cross (Worcester Chapter), Boston Rotary Club, Boston Safe Deposit and Trust Company, John Clarke Fund, Lotta M. Crabtree Trust, Fragment Society, Ladies' Visiting Committee of the Hospital, Lend-A-Hand Society, Charles E. Merrill, Jr., Family, United Community Services, Frederick E. Weber Charities Corporation.

ELEANOR CLARK
Director of Social Service

Report of the Dietary Department

THE year 1968 has been one of internal action leading us to believe that what we have done in the past and what we see in the present will undoubtedly be surpassed in the future.

The Dietary Department is a reliable barometer reflecting changes in economics, medicine, education and technology.

Our 1968 financial statement records total expenses at $2,845,159. A 16% increase over the 1967 figure shows salaries and wages at $1,576,508; supplies and expenses rose 11.8% over the previous year. Food, the largest single supply, valued at $1,050,133 reflects a 7.1% increase for our Department and a 3.3% increase in the dollar value of food supplies to other units. The MGH census (patients and cafeteria clientele) rose 8.4% during this fiscal year.

We are immediately concerned with newer concepts of patient care. While diet prescriptions have not indicated any dramatic changes, the increased number of intensive care units, regionalization and rapid turnover have affected staff patterns. Dietary consultation is being provided by the Nutrition Clinic (primarily by Mrs. Mary McLaughlin) to assist the personnel at Storrow House with their food service program. Areas of immediate concern are the planning, supervision and service of modified diets and patient education.

A tremendous responsibility falls on each of us to continually update our educational programs. Last spring, at unit conferences we renewed and defined goals and objectives for both service and education.

We take justifiable pride in a group of Dietetic Interns, carefully selected for their potential excellence. This year's class numbers twenty-three from twenty-one colleges and universities throughout the United States.

Many staff members and representatives from each unit of the Department have taken advantage of the Hospital's tuition aid program. Miss Agnes Richards, dietitian in the Vincent Burnham, was granted a three-month leave of absence when she was accepted on a University of Washington affiliated

training grant for a nutrition fellowship with an emphasis on Maternal and Child Health; several staff members enrolled in a course in Electronic Data Processing sponsored by the Massachusetts Dietetic Association at Boston University; two cooks enrolled in a chef's training institute, and two senior supervisors successfully completed a workshop in supervisory techniques conducted by Northeastern University Center for Continuing Education.

As we plan ahead, we are confronted with several dilemmas. Food production plants and equipment houses cannot keep up with the miracles of food technology. For our work to be sound, we must protect it against the shifting currents of temporary popular interest. Judgments are difficult, though difficulties are the measure of opportunity. The decisions before us are desperately urgent. Few of them are simple: i.e., How do we plan the kitchen of the future? Do we convert to "convenience foods"? Should we use "disposables"?

In the midst of so much activity, we paused to recognize fifteen service pin recipients: seven received five-year pins, six were honored for ten years of loyalty and two were presented with twenty-year pins.

At the completion of forty-two years of devoted service, Mrs. Mary McGuinness retired. Her longest assignment was in the Baker Memorial where, as Food Service Supervisor, she won the respect and admiration of the entire hospital family.

We stop a moment, too, to salute Mrs. Margaret Herrick who died on July 8, 1968, on her ninety-first birthday. The residents of 27 Commonwealth Avenue miss the grand lady next door.

This has been a year of superlatives. Our horizons will extend even further in 1969. We face the future with confidence.

Louise Hatch
Director, Dietary Department
and Dietetic Internship

Report of the Volunteer Department

OUR unlimited gratitude goes to the loyal support of the 670 volunteers who contributed 56,504 hours of service this past year. Fifty-five received the American Hospital Association 100-hour volunteer service pin. Today we are fully aware that more agencies than ever before are offering varied volunteer opportunities, and competition is keen. A comparative statistical study of summer volunteers discloses that in 1964 there were 129 volunteers who contributed 8,727 hours, and in 1968 there were 78 who worked 3,351 hours.

Seven years ago public recognition was given by the Trustees of the MGH to one of the volunteers working in the Hospital whose work had been outstanding and who could represent the devoted members of the volunteer group. This year, 1968, the Jessie Harding Award for outstanding volunteer service was presented to Mr. Charles W. Heard by Mr. John E. Lawrence, Chairman of the Board of Trustees, at the annual Christmas Volunteer Recognition Tea. Mr. Lawrence read the citation as follows: "Since 1964 when you started your evening volunteer service on the patient care units, coming twice a week and contributing over 300 hours a year, you have shown the qualities of dependability and kindly understanding of patients' needs. Because of your enthusiasm and experience you have helped to train new volunteers with understanding and warmth. In addition, your work as an evening volunteer in the Emergency Ward has been one of intense human interest in sick people and members of their families, to whom you have given freely and unremittingly of your time and strength. You have given hope and confidence to those who were fearful, and have given kindly understanding to those who were doubtful. As a member of the Trustee Advisory Committee to the Volunteer Department since 1965 your leadership and experience have been of immeasurable support in the establishment and progress of the Men's Volunteer group at the MGH. . . ." Mr. Heard, an attorney by profession, is a trust officer at the South Shore National Bank, and lives in Wellesley Hills with his wife and daughter. *The Patriot Ledger* of Quincy contained

a full page feature article and photographs devoted to Mr. Heard's volunteer service record at MGH.

Early in the year, Dr. Morten Grove-Rasmussen, Director of the MGH Blood Bank and Transfusion Service, and Dr. Allan Kliman, Director of the Massachusetts Red Cross Blood Program, spoke at a meeting of the Advisory Committee to the Volunteer Department. They explained that the MGH Blood Bank is now a donor station affiliated with the Massachusetts Red Cross Blood Program and the National Clearing House System of the American Association of Blood Banks. We were asked to participate in a three-month blood education study to help bring to the attention of everyone the acute shortage of blood. Twenty-eight volunteers were recruited for information desks located in the corridor of the White Building, the Clinics, and the Warren Lobby from Monday through Friday between the hours of 10:00 A.M.-3:00 P.M. The result of this study is being evaluated and we plan to continue to work closely with this service. We also participated in the production of the MGH/Red Cross donor film.

Since it is not possible to record all services for inclusion in this report, we have selected the following: one volunteer tutored a nine-year-old bilateral amputee boy on Burnham; thirty-five volunteers gave 203 hours of service on the Polaroid ID program issuing new identification cards to all Hospital personnel; three helped to prepare material for a research study of the Clinics, in the Computer Science Laboratory; fifty-five volunteers worked in the Emergency Ward and sixty-five participated in the Burnham Pediatric Recreation Service. The professional staff and the volunteers have all given generously of their time and effort to make these services a reality.

In the fall, attention was focused for the eighth consecutive year on our leadership course for Directors of Hospital Volunteer Services. Interest was exceptionally high this year and we extended our maximum enrollment of six students to seven, as follows: three from Canada, Mr. Cecil R. Anderson, Calgary General Hospital, Alberta; Sister Philomena Gallant, St. Vincent's Hospital, Vancouver, British Columbia; and Mrs. Maureen M. Moody, Toronto General Hospital, Toronto, Ontario; Mrs. Barbara B. Covey, Queen of Angels Hospital, Los

Angeles, California; Mrs. Edna Simmons, Hillcrest Medical Center, Tulsa, Oklahoma; and two from Massachusetts, Mrs. Frances R. LaSalle, Symmes Hospital, Arlington; and Miss Marjorie T. Bennett of Boston.

Visitors from distant lands were Mrs. John Davenport, Director of Volunteers, Sydney Hospital, Sydney, Australia; and Mrs. Mutsu Hayakawa, Women's Affairs Officer, Social Education, Niigata Prefecture, Japan. They have high hopes of sending students to our leadership course.

My own activities this past year included a trip to Arizona where I met with nine Directors of Hospital Volunteers and visited four hospitals in Phoenix and one in Tucson. I travelled to Bogota, Colombia, South America, to visit two Alumnae members of our MGH leadership course, Mrs. Consuelo Rueda de Vollmer, and Miss Leonor Saenz. Both of these women are key leaders in Hospital Volunteer Service in their country, and I had the opportunity to meet other leaders and to observe their program developments. The rapid growth and changes in the role of the volunteer were of particular interest to me. As a member of the newly established American Society of Directors of Volunteer Services of the American Hospital Association, I attended the organizational meeting at the 70th Annual AHA Convention in Atlantic City.

It is our pleasure to record the appointment of Miss Marjorie T. Bennett as Assistant Director of the Department, and we look forward to successful accomplishments in the years ahead.

MARY RUTH WOLF
Director
Volunteer Department

Report of the Treadwell Library

IN spite of an active and on-going discard program during which 1,488 publications were withdrawn, the number of volumes in the book and journal collections of the Treadwell Library continues to increase. At the end of fiscal 1968 there were 31,169 volumes in these collections, an increase of 247 volumes over the previous year. Because the majority of the volumes withdrawn were periodicals available in the Francis A. Countway Library and bound duplicates which were not frequently used, the crowded condition in the journal stacks has been somewhat alleviated. However, there is an acute need for more shelf space for the monograph collection as well as more space for readers and library staff.

New files in the Library Office have made it possible to keep the pamphlet collection in one location and in better order and thus more easily available for use. Also, other material needed by the library staff is more easily accessible.

In the last annual report of the Treadwell Library, the designation of the Francis A. Countway Library of Medicine as the first Regional Medical Library in the United States was mentioned. A very tangible result of that Library's new responsibility was the placing of one of the three teletypewriter exchange terminals (TWX) allotted to the Regional Library in the Treadwell Library on an experimental basis for one year. Installation was made and the TWX was in operation on February 28, 1968. Our experience for the past seven months has shown that this method of transmission of interlibrary loan requests is efficient and time-saving for both borrower and lender. It gives each library two copies of each request as soon as the message is typed so that there is little chance of misinterpretation and no delay between transmission and receipt of information. Many medical libraries are now using this equipment and this means that our searches for obscure publications are less time-consuming than heretofore. As always, the speed with which loans are received depends upon the speed with which the lending library can process them and, also, upon the postal service since requests sent to libraries outside the

Boston area are filled by material sent to us by mail. It has been demonstrated, repeatedly, that we do receive material more rapidly than formerly when it is requested by TWX. Probably the most attractive feature of this method of communication with other medical libraries is the immediate report back on publications not owned or not located, thus decreasing the delay in requesting that material from another source.

Meetings and other activities in which members of the Library Staff participated included:

(1) New England Regional Group of the Medical Library Association, McGill University School of Medicine, Montreal, Canada, November 3 and 4, 1967, where Miss Cole participated in a panel discussion on administrative problems in libraries.

(2) Medical Library Association, Board of Directors Meeting, Washington, D. C., January 15 and 16, 1968, which Miss Cole attended as Secretary of the Association.

(3) New England Hospital Assembly, Hospital Library Group Meeting attended by Mrs. Wechsler and Miss Cole on March 27, 1968.

(4) The Misses Sylvia L. Fleming and Maureen T. Nevin attended a series of six two-hour lectures and workshops on special libraries sponsored by the Boston Chapter of the Special Libraries Association, April 16 - May 21, 1968. This course was designed to meet the needs of members of the library staff who do not have library science degrees.

(5) Massachusetts Library Association, Hospital Division Meeting May 23, 1968 was attended by Miss Cole.

(6) Miss Sylvia L. Fleming attended an Institute presented by the Continuing Education Committee of the Medical Library Association in Denver, Colorado, from June 3 to 7, 1968, planned especially for library staff who do not have library science degrees.

(7) Medical Library Association Annual Meeting, Denver, Colorado, June 8-14, 1968, attended by Miss Cole. At this time she completed her term as Secretary of the Association.

(8) New England Regional Group of the Medical Library Association, University of Vermont, Burlington, Vt., Septem-

ber 20-21, 1968, attended by Miss Cole. Emphasis throughout this meeting was on Regional Services and audio-visual aids for libraries and teaching. Dr. James Lieberman of the National Audio-visual Center, National Library of Medicine, spoke at one of the sessions.

(9) In May, 1968, Miss Cole was appointed the representative from the Special Libraries Association on the Joint Committee on Library Service in Hospitals (Council of National Library Associations) and on the Joint Committee on Standards for Libraries in Health Care Institutions (American Library Association/Association of Hospital and Institution Libraries) for a two-year period.

Visitors to the Treadwell Library during the year included Dr. Th. J. Vervaat, St. Luke's Hospital, Amsterdam, The Netherlands; Dr. E. Makino, St. Luke's Hospital, Tokyo, Japan; and Mr. George Hunter, Librarian, University of Vermont, Burlington, Vermont.

During the year the Librarian visited the 18th Century baroque library of Coimbra University, Coimbra, Portugal — one of the great libraries of Europe; the library of the restored Hospital de la Tavera, now an orphanage for young girls and home of the Duchess of Lerma, Toledo, Spain, which contains intricately decorated vellum-bound volumes of patients' records dating from the 15th and 16th centuries; the library, decorated in coffee-brown mahogany, in El Escorial, Spain, which contains 40,000 volumes dating from the 15th century and the world's finest collection of illuminated Arabic books; medical libraries of the Montreal General Hospital, the Montreal Children's Hospital, the Nôtre Dame Hospital in Montreal, McGill University, The Osler Library; and the library of the National Center for Atmospheric Research in Boulder, Colorado — a true gem among small special libraries.

Mrs. Hiram Crowell and Miss H. Bernice Sweeney have continued to give generously of their time as volunteers in the Library. More volumes of the Surgical Fatality Reports and the Staff Publications have been bound as a result of their work.

Staff changes included the resignation of Miss Maureen T. Nevin, who accepted a position in the medical library of McGill University, and the addition of Rodney B. Perry as Senior

Office Assistant (later Assistant Librarian) in charge of serials, gifts, and exchanges. Clerical assistants were Miss Sylvia L. Fleming, Richard G. Burton, Richard G. Flaherty, Thomas E. Flaherty, Wayne D. Herson, and Stephen E. Starr. Mrs. Lilly Wechsler continues as Assistant Librarian and Cataloger.

I wish to express sincere appreciation to each member of the Treadwell Library Committee for his help and advice.

For the many gifts of books and journals from both individuals and departments, we express sincere thanks. Those we have not needed for our circulating duplicate collection have formed a large percentage of the 4,400 items which have been sent to Institutional Members of the Medical Library Association and to the United States Books Exchange, Inc. A list of donors is kept on file in the Library.

The statistics for the year follow:

	1967	*1968*
Number of periodical volumes	19,139	20,137
Number of other volumes	11,919	12,656
Number of volumes withdrawn	136	1,488
Total volumes in the library	30,922	31,169
Number of pamphlets (approximate)	2,500	2,250
Number of photocopies received from the National Library of Medicine	153	131
Number of pages copied in the library	120,296	98,904
Number of items given away to individuals or to medical libraries (approximate)	3,966	4,362
Number of periodicals currently received	650*	686**
Number of bound publications loaned	4,646	4,223
Number of unbound periodicals loaned	1,130	968
Total loans	5,776	5,191
Number of items borrowed from other libraries	1,378***	1,189***
Number of items loaned to other libraries	86***	62***
Number of persons using library during the day	31,879	26,545

Number of persons using library during the evening	5,340	6,315
Total number using the library	37,219	32,860

*Includes 477 purchased, 94 gifts, and 76 annuals which are cataloged.
**Includes 505 purchased, 103 gifts, and 83 annuals which are cataloged.
***Includes photocopies received in lieu of original publication.

GENEVIEVE COLE
Librarian

Dalton Scholarships

THE income of this fund, amounting to $1,000 annually, is devoted to investigation in the science of medicine. The rules of the Trustees applicable to it are as follows:

ARTICLE 1. Candidates shall be nominated to the Board of Trustees by the General Executive Committee with their recommendations. They shall be either interns of the General Hospital or graduates of a regular American medical college.

ARTICLE 2. The nature of the work in medical investigation proposed to be prosecuted by each candidate shall be designated by the candidate.

ARTICLE 3. The dates of beginning and ending scholarships, the amounts of the stipends and the conditions of work shall in each case be recommended by the General Executive Committee to the Board of Trustees.

ARTICLE 4. The results of work of scholars shall appertain to the Hospital, and when made public the name of the scholar shall accompany the publication, but no publication shall be made unless approved by the General Executive Committee.

ARTICLE 5. When the income is insufficient, appointments for the year may be omitted.

ARTICLE 6. Any income not used shall be cumulative and not added to the principal.

ARTICLE 7. Scholars shall be eligible for renomination and reappointment.

Further information may be had by applying to the General Director of the Massachusetts General Hospital.

Warren Triennial Prize

THE Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

In 1971 the prize will be awarded in the form of a lectureship at the Massachusetts General Hospital. The Warren Prize Lecturer, selected for outstanding work in medical science, will be nominated to the Trustees by the General Executive Committee.

The submission of special theses or essays will no longer be required for this competitive prize.

JOHN D. KNOWLES, M.D.
General Director

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1959.....	5,575,972.	1,605,612.	1,666,735.	3,714,185.	2,794,412.*	15,356,916.
1960.....	6,052,617.	1,739,500.	1,770,265.	4,155,916.	3,501,466.*	17,219,764.
1961.....	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962.....	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963.....	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**....	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965.....	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966.....	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967.....	12,316,960.	3,209.278.	4,603,628.	10,153,245.	6,709,564.	36,992.675.
1968.....	14,113,649.	3,890,013.	5,624,700.	12,760,249.	10,348,079.	46,736,690.

TOTAL NET EARNINGS

1959.....	3,837,852.	856,443.	1,976,648.	4,508,186.	2,660,813.	13,839,942.
1960.....	4,023,076.	954,376.	2,312,042.	5,012,325.	2,971,008.	15,272,827.
1961.....	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962.....	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963.....	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**....	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965.....	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966.....	8,120,683.	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967.....	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.
1968.....	12,358,792.	3,091,597.	5,654,924.	14,466,853.	9,245,841.	44,818,007.

* Research Funds excluded.

**36 Beds Transferred from Private to Semi-Private.

COMBINED CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1959	12,491	225,256*	746	133,103
1960	12,442	225,456*	732	139,472
1961	11,996	206,395*	683	136,676
1962	12,336	204,583*	674	151,915
1963	11,736	201,415*	665	151,734
1964	11,762	205,991*	682	141,872
1965	13,498	210,304*	696	157,252
1966	14,218	212,607*	704	168,338
1967	14,504	226,207*	749	176,013
1968	15,846	237,792*	782	178,744

	Cost of Combined O. P. D.	Aver. Cost per Visit in Comb. Depts.	Total Net Receipts	Aver. Net Receipts	M. G. H. Share of Cost	MGH Share of Net Receipts
1959	1,704,172	7.57	917,333	4.07	1,454,023	707,470
1960	1,868,276	8.29	1,042,143	4.62	1,592,537	809,164
1961	1,836,817	8.90	1,115,399	5.40	1,543,860	878,732
1962	2,108,132	10.30	1,265,340	6.18	1,753,524	975,063
1963	2,275,392	11.30	1,433,034	7.11	1,912,033	1,108,820
1964	2,419,666	11.75	1,504,526	7.30	2,037,013	1,181,489
1965	2,525,339	12.01	1,929,031	9.17	2,062,474	1,597,122
1966	3,151,428	14.82	2,327,922	10.95	2,638,935	1,927,309
1967	3,797,697	16.79	3,070,480	13.57	3,209,278	2,518.774
1968	4,550,018	19.13	3,802,362	15.99	3,890,013	3,091,597

EMERGENCY WARD

	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	358,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985
1968	66,176	782,766	335,263	1,118,030	688,450

*Includes Staff and Other — See page 159.

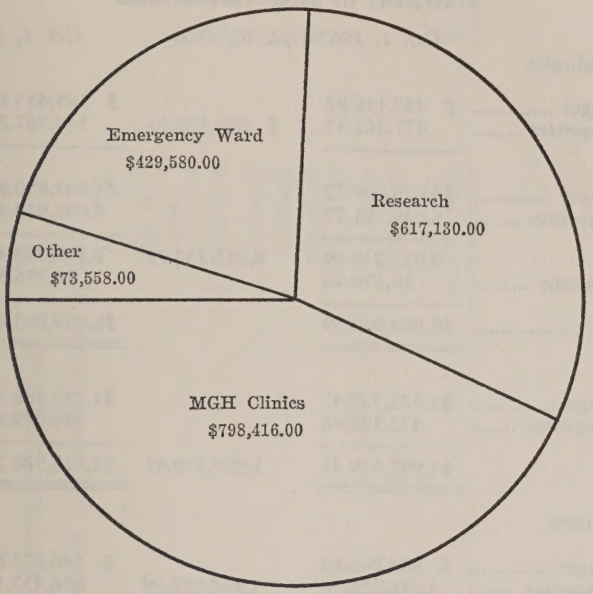
MASSACHUSETTS GENERAL HOSPITAL

Income and Expense Summary

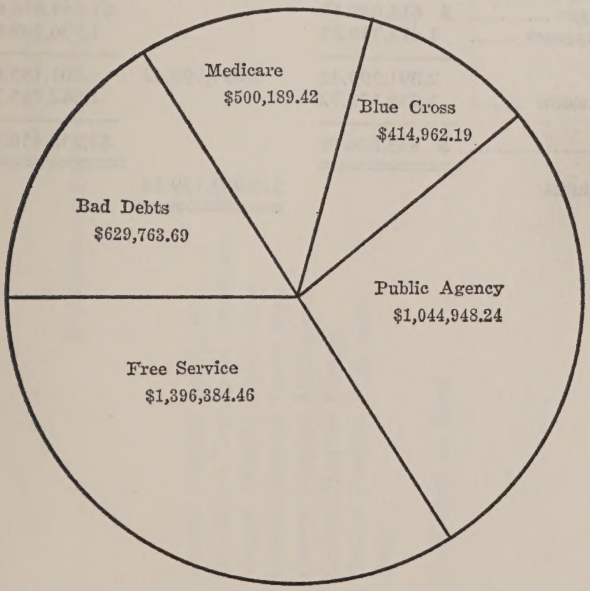
General Fund

Operating Income	*1968*	*1969*
Private Patients	$ 5,876,331	$ 5,086,829
Semi-Private Patients	15,219,469	12,407,797
Ward Patients	14,088,801	12,042,045
Out-Patient Department	3,413,560	2,882,908
Private Ambulatory	1,107,155	1,097,547
Emergency Ward	1,047,633	814,774
Total Earnings from Services and Patients	40,752,949	34,331,900
Less Deductions from Earnings		
Charity Allowance	1,431,411	1,159,967
Other Rebates and Losses	1,688,081	2,137,041
Net Provision for Doubtful Accounts	629,764	662,643
Provision for Plant Development	236,992	
Total Deductions from Earnings	3,986,248	3,959,651
Net Earnings from Services and Patients	36,766,701	30,372,249
Other Income	8,051,306	4,718,550
Total Income	44,818,007	35,090,799
Operating Expenses		
In Patients	32,498,597	27,073,833
Out Patients	3,606,314	2,949,419
Private Ambulatory	1,144,027	987,673
Emergency Ward	1,118,030	846,362
Total Patient Expense	38,366,968	31,857,287
Add: Other Expenses (Including Indirect Cost of Research)	8,369,722	5,135,389
Total Expenses	46,736,690	36,992,676
Net Deficit	1,918,683	1,901,877
Available from Treasurer for Expenses at Hospital	1,896,054	1,853,101
Final Deficit—Withdrawn from General Fund Principal	22,629	48,776

THE OPERATING LOSS DOLLAR



DEDUCTIONS FROM EARNINGS



MASSACHUSETTS GENERAL HOSPITAL

Statement of Fund Expenditures

	Oct. 1, 1967-Sept. 30, 1968		*Oct. 1, 1966-Sept. 30, 196*	
Research Fund Expenditures				
Contract				
Salaries and Wages	$ 417,116.96		$ 165,455.87	
Supplies and Expenses	477,262.37	$ 894,379.33	140,767.29	$ 306,223.1
Gifts and Grants				
Salaries and Wages	$4,426,039.22		$4,002,850.92	
Supplies and Expenses	4,629,191.77		4,092,929.49	
	9,055,230.99	9,055,230.99	8,095,780.41	8,095,780.4
Miscellaneous Income	50,270.40		56,776.56	
Net Expense	$9,004,960.59		$8,039,003.85	
Training Grants				
Salaries and Wages	$1,523,797.45		$1,239,300.33	
Supplies and Expenses	473,521.96		384,079.90	
	$1,997,319.41	1,997,319.41	$1,623,380.23	$1,623,380.2
Other Fund Expenditures				
Contract				
Salaries and Wages	$ 928,043.83		$ 686,073.62	
Supplies and Expenses	1,016,356.16	1,944,399.99	866,457.16	1,552,530.7
Other Special Purpose Funds				
Salaries and Wages	$ 618,048.57		$1,664,876.00	
Supplies and Expenses	1,473,750.85		1,936,309.89	
	2,091,799.42	2,091,799.42	3,601,185.89	3,601,185.8
Miscellaneous Income	1,258,172.72		1,042,735.72	
Net Expense	$ 833,626.70		$2,558,450.17	
Total Fund Expenditures		$15,983,129.14		$15,179,100.4

MASSACHUSETTS GENERAL HOSPITAL

Statement of Stock on Hand September 30, 1968 and September 30, 1967

	Sept. 30 1968	*Sept. 30 1967*
General Hospital Apothecary Out-Patient Department Apothecary	$ 714,303.18	$ 715,743.00
General Hospital Upper Store	230,970.59	223,034.32
General Hospital Lower Store	31,463.68	29,202.14
General Hospital Maintenance	104,765.93	113,127.34
General Hospital Postage	5,121.27	2,464.09
General Hospital Print Shop	4,603.65	3,051.97
Other	186,922.59	174,287.76
Total Stock on Hand	$1,278,150.89	$1,260,910.62

SERVICE IN-PATIENT STATISTICS
For the Years 1958-1967

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1959	11,954	390	454	86	142,097	12—	7,098	784	6.56	67%
1960	11,547	361	459	78.7	134,047	11+	7,015	843	7.30	63%
1961	11,607	381	459	83	138,687	12—	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11—	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11—	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12—	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13—	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%

Total number of patients admitted to General Hospital from the year 1821 — 674,576.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
For the Years 1958-1967

1959	10,105	309	339	91.1	112,351	10+	4,215	316	3.13	57%
1960	10,546	321	340	94.4	119,167	11+	5,359	354	3.36	67%
1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13—	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13—	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1966	11,671	419	401	104	152,823	13	6,596	458	3.92	64%
1967	11,005	429	406	105	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%

Total number of patients admitted to Baker Memorial from the year 1930 — 287,459.

PRIVATE IN-PATIENT STATISTICS
For the Years 1958-1967

1959	3,275	115	134	85.7	41,784	12—	1,366	93	2.84	69%
1960	3,517	110	132	83.6	40,924	12—	1,487	100	2.84	70%
1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11—	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13—	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14—	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%

Total number of patients admitted to Phillips House from the year 1917 — 182,054.

COMBINED M.G.H AND EYE & EAR CLINICS

	New Patients		Subsequent Visits	
	1968	*1967*	*1968*	*1967*
Admitting Physician	1,305	1,363	4,173	3,850
Medicine	196	138	24,958	23,297
Alcohol	764	321	4,948	4,995
Allergy	279	222	3,324	3,443
Anemia	—	—	—	—
Hematology	1	2	729	871
Arthritis	1	2	1,343	1,548
Diabetes	1	1	1,401	1,648
Gastro-Intestinal	3	1	1,122	1,135
Cardiac	8	163	2,235	1,787
Hypertension	1	1	553	604
Nutrition	—	—	3,432	3,474
Ovarian Dyfundtion	—	—	—	—
Podiatry	4	3	2,210	2,010
Pulmonary	10	135	1,153	904
Rheumatic Fever	—	—	—	—
Thyroid	—	1	3,990	3,653
Dermatology	949	784	9,034	8,540
Syphillis	276	175	1,461	1,304
Neurology	174	158	6,174	6,057
Language	24	—	6,253	5,587
Psychiatry	147	263	7,295	6,336
Child Psychiatry	12	21	2,011	2,707
Children's Medicine	1,694	1,553	11,604	9,473
Adolescent Endocrine	5	4	452	451
Surgery	361	323	13,420	12,636
Amputation Clinic	61	31	712	396
Amputation Rounds	25	37	191	170
Fracture	4	6	4,413	3,966
Hand	6	8	224	207
Plastic Surgery	27	19	1,069	844
Neurosurgical	19	7	1,087	1,218
Vascular Surgery	—	—	767	762
Gynecology	432	301	5,863	5,509
Orthopedic Surgery	323	296	7,795	7,328
Urology	555	329	6,696	5,929
Dentistry	450	433	4,278	3,908
Tumor	161	158	7,229	7,566
Rehabilitation	—	—	260	262
General Hospital Clinics	8,278	7,259	153,859	144,375
General Hospital Totals	8,278	7,259	153,859	144,375
Ear, Nose and Throat	2,932	2,377	19,969	18,856
Eye	4,638	4,868	48,118	48,472
Eye and Ear Infirmary Totals	7,570	7,245	68,087	67,328
Combined Out-Patient Department Totals	15,848	14,504	221,946	211,703

	1968	*1967*
Total Attendance	237,794	226,207

RADIOLOGICAL DEPARTMENT

General Hospital	*1968*	*1967*
House Patients Examined	24,498	24,903
Out Patient Department Patients Examined	18,533	16,610
Emergency Ward Patients Examined	1,139	580
Staff and Other	4,510	2,977
Total Number of Patients Examined	48,680	45,070
X-ray Treatments given (Inc. Baker & Phillips House)	†38,128	*40,103
Number of Examinations	64,136	55,301
Total Number of Examinations and Treatments	102,264	95,404
Emergency Ward Unit		
Emergency Ward Patients Examined	27,469	24,144
House Patients Examined	8,719	6,242
Staff and Other	222	90
Total Number of Patients Examined	36,410	30,476
Number of Examinations	54,458	45,493
Total Number of Examinations	54,458	45,493
Phillips House		
Hospital Patients Examined	6,649	6,648
Total Number of Patients Examined	6,649	6,648
Number of Examinations	10,048	10,599
Total Number of Examinations	10,048	10,599
Baker Memorial		
House Patients Examined	33,868	30,391
Total Number of Patients Examined	33,868	30,391
Number of Examinations	46,035	43,376
Total Number of Examinations	46,035	43,376
Entire Hospital (Combined Statistics)		
Total Number Patients Examined	125,607	112,585
Total Number Patients Treated	2,008	1,913
Total Number Patients Examined and Treated	127,615	114,498
Total Number Examinations	174,677	154,769
Total Number Treatments and Observations	38,128	39,956
Total Number of Radium & Isotopes Treatments	148	147
Total Number Examinations, Treatments and Observations, Radium & Isotopes	212,953	194,872

†Includes 148 Radium and Isotopes Cases

*Includes 147 Radium and Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

Physical Therapy

Treatments given:	*1968*	*1967*
Out-Patient	3,884	3,404
General Hospital (Including Eye and Ear Infirmary)	17,186	14,631
Phillips House	2,514	2,700
Baker Memorial	9,403	8,833
Private Ambulatory Patients	8,859	7,127
Total Treatments given	41,846	36,695

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1968, approved by Patterson, Teele & Dennis, Auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED YEAR-END BALANCE SHEET

	Sept. 30, 1968	*Sept. 30, 1967*
ASSETS		
CASH	$ 2,637,963.95	$ 2,431,144.95
INVESTMENTS		
Bonds	20,880,804.72	22,154,291.55
Stocks	29,793,161.17	23,862,442.27
Notes	5,063,616.20	3,177,102.96
Real Estate	170,820.86	170,820.86
ACCOUNTS RECEIVABLE—PATIENTS AND OTHERS (Less allowance for Doubtful (Accounts)	6,591,371.28*	9,084,250.59
Notes Receivable	422,477.73	529,622.26
INVENTORY OF SUPPLIES (AT ESTIMATED COST)	1,368,125.03	1,332,290.22
PREPAID ITEMS	135,836.86	98,579.17
PLANT — LESS DEPRECIATION	33,102,722.85	33,374,883.89
CONSTRUCTION IN PROGRESS	19,147,902.58	12,192,982.98
TOTAL	$119,314,803.23	$108,408,411.70

*After the sale of $5,350,194.46

LIABILITIES		
Notes Payable to Bank, Unsecured	$ —o—	$ 1,000,000.00
Accounts Payable and Accruels	2,633,670.95	1,920,939.71
Pension Reserves	1,115,590.55	794,575.62
W.C.A. RESERVES	374,554.21	358,652.40
GENERAL FUND		
Treasurer's Account	(1,952,489.89)	(1,671,996.76)
Director's Account	10,420,436.31	8,559,230.60
GENERAL HOSPITAL ENDOWMENT FUNDS		
Unrestricted as to Income	5,937,345.16	5,931,198.01
Restricted as to Income	20,812,804.14	18,927,159.43
McLEAN HOSPITAL FUNDS		
General Fund		
Treasurer's Account	(944,890.84)	(760,221.41)
Director's Account	911,440.58	833,868.85
Building Funds	41,405.10	30,584.68
Endowment Funds	843,487.61	837,665.52
BUILDING FUNDS	16,613,287.43	12,997,444.16
FIDUCIARY FUNDS	1,372,053.26	755,357.51
FUNDS INVESTED IN PLANT	33,102,722.85	33,374,883.89
TEMPORARY FUNDS		
General Hospital	3,701,678.39	3,443,157.18
McLean Hospital	94,235.92	131,371.40
Fiduciary	16,956.98	20,758.27
GENERAL INVESTMENT PROFIT AND LOSS ACCOUNT	24,220,514.52	20,923,842.64
TOTAL	$119,314,803.23	$108,408,411.70

THE MASSACHUSETTS GENERAL HOSPITAL

GENERAL HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1967-68	*1966-67*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 178,917.00	$ 223,035.00
Restricted	10,874,546.77	9,790,691.40
	$11,053,463.77*	$10,013,726.40*
INCOME FROM INVESTMENTS		
Unrestricted	$ 506,219.59	$ 477,258.66
Restricted	1,668,972.06	1,513,225.21
	$ 2,175,191.65	$ 1,990,483.87
OTHER INCOME		
From Trusts and Agents	$ 15,228.57	$ 14,907.64
Contributions for Connecting Building	11,109.12	11,109.12
Huntington Memorial Hospital	40,788.85	37,997.55
Miscellaneous Receipts	910,002.00	2,166,054.89
	$ 977,128.54	$ 2,230,069.20
TOTAL	$14,205,783.96	$14,234,279.47
RESTRICTED INCOME NOT APPLIED (APPLIED)	258,521.21	(1,341,525.78)
	$13,947,262.75	$15,575,805.25
PAYMENTS FROM INCOME		
Added to Principal	$ 4,615.33	$ 97,759.03
Treasurer's Payments from Funds and Miscellaneous	210,686.82	1,404,111.15
	$ 215,302.15	$ 1,501,870.18
TREASURER'S BALANCE AVAILABLE FOR EXPENSES AT HOSPITAL	$13,731,960.60	$14,073,935.07
HOSPITAL EXCESS OF EXPENSES	13,754,589.89	14,122,711.29
DEFICIT—WITHDRAWN FROM GENERAL FUND PRINCIPAL	$ 22,629.29	$ 48,776.22

* Includes United Community Services Allocation of $178,217.00 for 1967-68 and $222,680.00 for 1966-67.

THE MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1967-68	*1966-67*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 23,293.00	$ 17,334.00
Restricted	889,598.50	928,305.80
	$ 912,891.50*	$ 945,639.80*
INCOME FROM INVESTMENTS		
Unrestricted	$ 17,186.21	$ 15,732.53
Restricted	60,130.31	55,033.20
	$ 77,316.52	$ 70,765.73
OTHER INCOME		
From Trusts and Agents	$ 7,665.00	$ 7,310.00
Miscellaneous Receipts	2,166.02	2,524.91
	$ 9,831.02	$ 9,834.91
TOTAL	$1,000,039.04	$1,026,240.44
RESTRICTED INCOME (APPLIED)	(37,135.48)	(39,756.26)
	$1,037,174.52	$1,065,996.70
PAYMENTS FROM INCOME		
Added to Principal	$ 6,734.08	$ 5,846.01
TREASURER'S NET RECEIPTS	$1,030,440.44	$1,060,150.69
HOSPITAL EXCESS OF EXPENSES	976,150.61	1,109,348.36
GAIN ADDED TO (DEFICIT WITHDRAWN FROM) GENERAL FUND PRINCIPAL	$ 54,289.83	$ (49,197.67)

* Includes United Community Services Allocation of $23,268.00 for 1967-68 and $17,009.00 for 1966-67.

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$(1,952,489.89)

GENERAL HOSPITAL FUNDS

	Principal
FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos	$10,000.00
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,233.69
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	20,865.78
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283.00
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241.32
HENRY K. BEECHER RESEARCH FUND Income to be used for Anesthesia Research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	167,940.96
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,040.82
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147.25
JOHN ASHTON FUND For diseased and wounded soldiers.	44,081.16
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450.66
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	108,779.79

GENERAL HOSPITAL FUNDS (Continued)

	Principal
BAKER MEMORIAL ASSISTANCE FUND	$10,163.70
Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND	38,964.37
Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	
THE JOSEPH S. BARR MEMORIAL FUND	47,356.30
For Research and Teaching under the direction of the Chief of the Orthopedic Service.	
ARTHUR W. BLAKE FUND	25,000.00
Income for the study and cure of nervous diseases.	
THE EDWARD F. BLAND FUND	86,229.81
Income to be used for the furtherance of cardiac research and related activities.	
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND	6,289.02
Income for any Hospital purpose.	
ANNIE BOLTON MATTHEWS BRYANT FUND	72,093.70
Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	
ARTHUR TRACY CABOT FUND	20,000.00
Income for support of laboratories.	
RICHARD C. CABOT FUND	50,755.02
For educational purposes in connection with the work of the Social Service Department.	
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND	1,010.00
Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION	10,000.00
Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	

GENERAL HOSPITAL FUNDS (Continued)

	Principal
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	$ 349,032.14
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,766.42
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	73,377.28
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963.48
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000.00
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	1,037,746.39
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000.00
CONNECTING BUILDING FUND Income for Connecting Building.	10,000.00
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	203,235.91
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	204,922.59
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452.43
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000.00
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND	$35,500.00
Income for investigation in the science of medicine.	
CHESTER H. DAVIS FUND	20,000.00
Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	
DR. WALTER J. DODD MEMORIAL FUND	32,470.41
Income for X-Ray investigation.	
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND	66,164.36
Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America.	
Gifts of	
Trustees of The Bessie Rochester Edwards Memorial Foundation $55,914.20	
Disabled Ex-Servicemen's Exchange, Inc. 10,250.16	
EDWARDS MEMORIAL FUND	406,547.56
Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	
JOHN W. ELLIOT FUND	20,214.22
Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	
ISABELLA H. ELLISON FUND	89,753.16
Income for the general purposes of the Baker Memorial.	
SARAH POTTER EVARTS FUND	1,398.42
For psychiatric work.	
Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	
THE EYEGLASS FUND	2,282.00
For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.	

GENERAL HOSPITAL FUNDS (Continued)

	Principal
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	$ 25,000.00
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients as directed by the Social Service Department.	80,000.00
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,205.00
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	4,627,973.40
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,096.32
WILLIAM STEPHEN GEPHART MEMORIAL FUND Income for the use of the Committee on Teaching and Education.	4,847.31
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000.00
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027.03
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000.00
THE WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,053.58
CHARLES W. HOLTZER FUND Income for general research work.	41,666.67
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	5,302,301.10

GENERAL HOSPITAL FUNDS (Continued)

	Principal
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	$ 25,797.20
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND ..... Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	57,349.30
DANIEL FISKE JONES MEMORIAL FUND .... Income to extend and improve the education of surgical residents and interns.	19,113.99
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	5,942.99
THE VARAZTED H. KAZANJIAN FUND .... For rehabilitation through plastic and reconstructive surgery.	15,000.00
CATHERINE PEIRCE KELLEY FUND ..... Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000.00
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND ..... To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000.00
EMMA GILDERSLEEVE LANE FUND ..... For cancer research, "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000.00
THE ISABEL FABYAN LOMBARD FUND .... For the comfort and/or entertainment of Nurses in the Hospital.	5,000.00
THE JOHN R. MACOMBER QUADRANGLE FUND ..... Income for the maintenance of the Macomber Quadrangle.	5,000.00
THE MALLINCKRODT FUND ..... Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,560.31

GENERAL HOSPITAL FUNDS (Continued)

	Principal
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190.00
THE CAPTAIN MARTELL FUND ..... "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121.36
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND ..... Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	516.75
JAMES HOWARD MEANS FUND ..... To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150.00
JAMES C. MELVIN FUND ..... Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811.13
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 ..... Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189.47
ALBERT G. MITCHELL FREE BED FUND .... Income for the treatment of cancer with nonobligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,373.77
THE MITTON FUND ..... Income to be used for General Surgery purposes under the direction of Dr. Russell.	60,829.64
THE MIXTER FUND ..... ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	83,328.44

GENERAL HOSPITAL FUNDS (Continued)

	Principal
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND ..... Income for Hospital uses for the alleviation of human suffering.	76,143.32
FANNIE EDSON MORRISON FUND ..... "Income . . . for the support of the Social Service Department."	711,320.97
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000.00
NORTH END DIET KITCHEN RESTRICTED FUNDS ..... "Income to provide diet for the sick poor."	11,366.78
NORTH END DIET KITCHEN UNRESTRICTED FUNDS ..... "To provide diet for the sick poor."	34,716.65
FLORENCE NUTE FUND ..... To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,278.57
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND ..... Income to be used for the purchase of pediatric literature for the Treadwell Library.	530.00
OUTPATIENT DEPARTMENT FUND ..... Income for needy patients.	7,879.71
EMERETTE O. PATCH FUND ..... For the use of the Baker Memorial.	8,240.84
PATHOLOGICAL LABORATORY AND RANDALL FUNDS ..... Income for Pathological Laboratory.	83,875.41
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND .... Income for the Phillips House.	79,855.33
ELIZABETH ANNE PETERSON MEMORIAL FUND ..... Income to further the work of the Neurological Service.	20,678.55
PHILLIPS HOUSE NURSES LOAN FUND .... Income for loans to Phillips House nurses.	2,190.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation— *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second*: Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	$ 21,051.38
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113.34
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery—." Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000.00
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	29,811.32
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	40,400.00
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,141.63
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	7,881.04
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,814.55
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,766.46

GENERAL HOSPITAL FUNDS (Continued)

	Principal
MARY ELIZABETH SALTONSTALL FUND .... Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	$ 5,000.00
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816.18
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	34,079.37
THE CHARLES L. SCUDDER FUND ..... Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000.00
GEORGE C. AND ANNE H. SHATTUCK FUND ..... Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000.00
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,620.10
EMMA H. SLADE FUND ..... For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,055.57
SOCIAL SERVICE FUND ..... Income for Social Service.	111,015.15
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,020.58
STAFF MEMORIAL FUND ..... Income to be expended by direction of the General Executive Committee.	3,811.00
SURGICAL INSTRUMENT FUND ..... Income for special surgical instruments.	6,475.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	$ 19,151.40
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000.00
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450.00
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,228.29
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,037.92
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555.00
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753.01
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000.00
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938.36
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000.00
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067.19
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,573.62
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,730.30

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE ROBERT WHITE FUND ..... "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	$ 100,000.00
DR. JAMES C. WHITE NEUROSURGICAL FUND ..... Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,301.70
GEORGE WIGGLESWORTH FUND ..... Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	60,660.52
WOODEN LEG FUND ..... Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600.00
TEMPORARY FUNDS	3,701,678.39
TOTAL GENERAL HOSPITAL FUNDS	$30,235,872.38

BUILDING FUNDS

RADIATION THERAPY UNIT	$ 220,299.04
CHILDREN'S DEPARTMENT CONSTRUCTION	263,519.04
CLINICS BUILDING FUNDS	199,528.38
McLEAN BUILDING FUNDS	41,405.10
GRAY BUILDING FUNDS	13,293,542.27
MISCELLANEOUS FUNDS	2,636,398.70
TOTAL BUILDING FUNDS	$16,654,692.53

McLEAN HOSPITAL FUNDS

	Principal
EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	$ 10,000.00
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135.00
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	4,956.74
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000.00
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118.31
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,075.90
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000.00
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,004.84
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,187.45
GENERAL FUND For any Hospital purpose.	(944,890.84)
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205.24
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154.21
WETHERILL FUND The income only to be used for the Wetherill Awards to graduates of the McLean Hospital School of Nursing. Gift of Dr. E. Stanley Abbott.	2,000.00

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	$ 24,283.63
E. STANLEY ABBOT FUND ..... Income to be added to principal for 25 years.	136,208.12
TEMPORARY FUNDS	94,235.92
TOTAL McLEAN HOSPITAL FUNDS	$ (7,325.48)

FIDUCIARY FUNDS

DR. EDWARD CARLETON ATWOOD FUND Income payable to a life interest.	$534,402.12
BETTY DUMAINE FUND ..... To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	5,663.22
FOSTER FAMILY FUND ..... "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C. H. W. Foster.	15,000.00
THE GEBBIE FUND ..... Income to be added to principal for 10 years.	301,698.66
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375.00
SARAH PROCTOR JOSLIN FUND ..... Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000.00
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	10,943.00

FIDUCIARY FUNDS (Continued)

	Principal
FANNIE NEWELL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	$ 20,000.00
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	309,972.71
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000.00
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,889.84
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000.00
Temporary Funds	16,956.98
Suspense and Special Funds	36,938.95
TOTAL FIDUCIARY FUNDS	$ 1,271,840.48

SUMMARY

Principal Funds	$42,389,718.73
Temporary Funds	3,812,871.29
Funds Invested in Plant	33,102,722.85
Director's Accounts	11,331,876.89
	$90,637,189.76
Gain	333,283.24
Funds	$90,970,473.00

Examination of Accounts

February 19, 1969

To the Trustees
The Massachusetts General Hospital
45 Milk Street
Boston, Massachusetts

We have examined the balance sheet of The Massachusetts General Hospital as of September 30, 1968 and the related income statements of the General Hospital and McLean Hospital for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, except for the hospital's accounting for pension costs, which is not in conformity with Opinion 8 of the Accounting Principles Board, as described in Note 1, the accompanying balance sheet and related income statements present fairly the financial position of The Massachusetts General Hospital at September 30, 1968 and the results of its operations for the year ended at that date, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

We have made a test check of the charges to income funds for special purposes for the year ended Septemebr 30, 1968 (including income arising from principal funds), in respect of the General Hospital and McLean Hospital funds. Based upon such examination and our review of internal control maintained in relation to funds, it is our opinion that charges made against the above-mentioned funds were properly chargeable thereto.

Patterson, Teele & Dennis

GIFTS AND BEQUESTS 1967-1968

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$848,204.92	
Gifts	58,099.37	$906,304.29

GENERAL HOSPITAL FUNDS

FULLER ALBRIGHT FELLOWSHIP FUND		
Bequest of William Krug	$ 3,000.00	
Gifts	50.00	$ 3,050.00
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND		
Gifts		7,150.00
HENRY K. BEECHER RESEARCH FUND		
Gifts		225.00
BAKER MEMORIAL FUND		
Gift		5.00
THE JOSEPH S. BARR MEMORIAL FUND		
Gifts		5,080.00
THE EDWARD F. BLAND FUND		
In Memory of David A. Foley	$ 315.00	
Gifts	335.00	650.00
RICHARD CABOT EDUCATIONAL FUND		
Gifts		500.00
CANCER RESEARCH ENDOWMENT FUND		
In Memory of J. Lothrop Motley		1,197.75
IDA M. CANNON MEMORIAL FUND		
Gift		25.00
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND		
Gifts		3,841.50
THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND		
Gifts		19,041.65
JOHN W. ELIOT FUND		
Gift		100.00
NANCY FRASER MEMORIAL FUND		
Gifts		525.00
GENERAL SURGERY FUND		
Gift		100.00

THE WILLIAM STEPHEN GEPHART MEMORIAL FUND		
Gifts		4,866.74
INCOME UNRESTRICTED FUNDS		
Bequest of Maud E. Appleton	$ 876.46	
Bequest of Miss Ethel Johnson	3,173.64	
Bequest of George M. Knight	773.27	
Bequest of Arthur W. Moors	759.83	5,583.20
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND		
Gifts		$ 3,260.00
THE PHILIP C. JOSLIN MEMORIAL FUND		
Gifts		90.00
THE VARAZTED H. KAZANJIAN FUND		
Gift		3,000.00
THE MALLINCKRODT FUND		
Bequest of Edward Mallinckrodt, Jr.		1,811,998.17
THE MITTON FUND		
Gifts		600.00
THE MIXTER FUND		
In Memory of William S. Matthie	$ 5.00	
Gifts	1,225.00	1,230.00
OUTPATIENT DEPARTMENT FUND		
Gift		1,000.00
THE MARIAN MAHIN ROBB MEMORIAL FUND		
Gift		300.00
SCHOOL OF NURSING SCHOLARSHIP FUND		
Bequest of Armenia E. Young	$5,033.32	
In Memory of Natalie McL. Keller	100.00	
Gift	5.00	5,138.32
THE TERRY SHUMAN MEMORIAL FUND		
Gift		50.00
UNRESTRICTED FREE BED FUND		
Gift		100.00
		$1,878,707.33

BUILDING FUNDS

GRAY BUILDING FUNDS		
Government Grant	$1,180,722.88	
Gifts	1,167,550.20	$2,348,273.08
MISCELLANEOUS BUILDING FUNDS		
Government Grants	$ 109,443.40	
Gifts	64,679.88	174,123.28
		$2,522,396.36

FIDUCIARY FUNDS

DR. EDWARD CARLETON ATWOOD FUND	
Gift	$537,462.57
GEBBIE FUND	
Gift	42,500.00
	$ 579,962.57

McLEAN HOSPITAL FUNDS

GENERAL FUND	
Gifts	$ 2,404.00
TOTAL PRINCIPAL FUNDS	$5,889,774.55

Income Funds

General Hospital Funds

Treasurer's Funds

ANNUAL FREE BEDS FUND		
Gift		$ 650.00
CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 15,097.24	
Bequest of James O. Graves	131.33	
Gifts	700.00	
United Community Services	178,217.00	194,145.57
MISCELLANEOUS FUNDS		
Gifts		26,088.53
		$ 220,884.10

Funds For Special Purposes

Bequests		$ 19,100.00
Gifts		613,024.48
Grants—Government	$ 9,283,210.30	
Foundations	933,611.46	10,216,821.76
		$10,848,946.24

McLEAN HOSPITAL FUNDS

CURRENT EXPENSE FUND		
Gifts	$ 25.00	
United Community Services	23,268.00	$ 23,293.00
FUNDS FOR SPECIAL PURPOSES		
Bequests		7,665.00
Gifts		33,346.85
Grants—Government	$ 826,716.65	
Foundations	21,870.00	848,586.65
		$912,891.50

TOTAL INCOME FUNDS		$11,982,721.84
TOTAL PRINCIPAL FUNDS	$ 5,889,774.55	
TOTAL INCOME FUNDS	11,982,721.84	$17,872,496.39

HENRY R. GUILD
Treasurer

ONE HUNDRED AND FIFTIETH

ANNUAL REPORT

OF THE

McLEAN HOSPITAL

A DIVISION OF THE

MASSACHUSETTS GENERAL HOSPITAL

1968

BELMONT

MASSACHUSETTS

MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

OFFICERS OF THE INSTITUTION, 1969

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President
Henry R. Guild, Sr.

Secretary
Henry R. Guild, Jr.

Treasurer
G. Lamar Crittenden

Trustees

1943	Lloyd D. Brace, 45 Milk Street
1947	John E. Lawrence, Chairman, 177 Milk Street
1947	*Francis O. Schmitt, Ph.D., Department of Biology, Massachusetts Institute of Technology, Cambridge
1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 225 Franklin Street
1963	George Putnam, 265 Franklin Street
1965	*Edward L. Bigelow, 225 Franklin Street
1967	*Joseph L. Tauro, Jr., Executive Dept., State House
1968	G. Lamar Crittenden, 67 Milk Street
1969	Nelson Darling, Jr., 24 Federal Street
1969	W. Nicholas Thorndike, 28 State Street

Honorary Trustees

1962	Francis W. Hatch, 2300 Prudential Center
1963	Phillips Ketchum, 294 Washington Street
1968	Francis C. Gray, 10 Post Office Square
1968	Ralph Lowell, 100 Franklin Street
1969	Henry R. Guild, Sr., 294 Washington Street

McLEAN HOSPITAL COMMITTEE

George Putnam, *Chairman*

Ralph Lowell — Francis O. Schmitt, PH.D — Sidney R. Rabb

Francis de Marneffe, M.D., *Secretary*

*Appointed by the Governor of the Commonwealth

Massachusetts General Hospital / McLean Hospital

OTHER MEMBERS OF THE CORPORATION

Mrs. Frank G. Allen
Philip K. Allen
Mrs. Charles Almy
James Barr Ames
John S. Ames, Jr.
Robert Amory, Jr.
O. Kelley Anderson
Mrs. David B. Arnold

Alfred W. Baldwin
G. Storer Baldwin
Mrs. James T. Baldwin
H. Brooks Beck
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway

Mrs. Charles C. Cabot
Thomas D. Cabot
John P. Chase
Theodore Chase
Frederic C. Church
Mrs. R. Morton Claflin
William H. Claflin, II
Charles E. Cotting
Charles C. Cunningham, Jr.

Mrs. Richard E. Danielson
Nelson Darling, Jr.
William R. Driver, Jr.
Miss Betty Dumaine
Robert R. Duncan
Charles J. Dunn

William Ehrlich
Alexander Ellis, Jr.

Nathaniel W. Faxon, M.D.
Sewall H. Fessenden
Mrs. Gardiner H. Fiske
Peter D. Fuller

Francis C. Gray
Mrs. Francis C. Gray
Morris Gray

Henry R. Guild, Sr.

Edward B. Hanify
Roy J. Heffernan, M.D.
Edwin W. Hiam
Mrs. Robert Homans

Harvey P. Hood
Arnold W. Hunnewell
Donald J. Hurley

Edward Johnson, III

William T. Kemble
Sen. Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.

Allen Latham, Jr.
Henry A. Laughlin
Franklin A. Lindsay
Alfred L. Loomis
Joseph W. Lund

Francis P. McCarthy, M.D.
Charles E. Merrill
John H. Meyer
James Jackson Minot
Stephen F. Mugar

Richard M. Nichols

George Olmsted, Jr.
James H. Orr

Miss Amelia Peabody
Mrs. Sumner Pingree

William M. Rand
Miss Anna P. Revere
Elliot L. Richardson
Irving E. Rogers

Rt. Rev. Henry K. Sherrill
Alan Steinert
Mrs. Abbot Stevens
Raymond S. Stevens
John O. Stubbs

Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello

John B. Vernaglia, M.D.
F. Frank Vorenberg

Jeptha H. Wade
Mrs. Edwin S. Webster
Edward A. Weeks, Jr.
George S. Weld

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. Psych. Nurs., M.S.H.A., F.A.C.H.A.

Assistant Administrators
David B. Balise, R.N., B.S., M.P.H.
Willa F. Pasho, B.S.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S. in S.S.

Building Service
James C. Shuttle

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Veda Rochette, B.S. in ED., A.D.A.

Grounds and Transportation
Howard R. Gallant

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Patient Education
John F. Dunn, M.A.

Personnel
David W. Bohy

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Frederick W. McDonald, B.A.

Purchasing
Alexander Armour

Social Science
Richard H. Longabaugh, ED.D.

Social Work
Golda Edinburg, M.S. in S.S.

Assistant Director of Nursing Service
Daniel H. Lennox, R.N., B.S.N., M.S. in N.ED.

Assistant Director of School of Nursing
Mildred C. Makin, R.N., B.S. in N.ED., ED.M.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 7, 1969

Consulting Staff

Mark D. Altschule, M.D., *Clinical Physiologist*
Erich Lindemann, M.D., *Psychiatrist*
Harry C. Solomon, M.D., *Psychiatrist*
Paul D. White, M.D., *Cardiologist*

MEDICAL STAFF

Director

Francis de Marneffe, M.D.

Psychiatrist in Chief

Alfred H. Stanton, M.D.

Associate Director of Clinical Psychiatry

Paul M. Howard, M.D.

Psychiatrists

Edward M. Daniels, M.D.
Leon Eisenberg, M.D.
Stanley H. Eldred, M.D.

Attending Psychiatrists

Morris H. Adler, M.D.
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrists

Enid Caldwell, M.D.
Jacob Christ, M.D.
Howard T. Hermann, M.D.
Richmond Holder, M.D.
Irene Jakab, M.D.
Maria Lorenz, M.D.
Alan A. Stone, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Arthur J. Cain, M.D.
Peter B. Jenney, M.D.

Assistant Psychiatrists

Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
Richard D. Budson, M.D.
Paul R. Dinsmore, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Jalna Ann Perry, M.D.
Michael D. Robbins, M.D.
Phelps M. Robinson, M.D.
Harvey M. Shein, M.D.
Lawrence A. Stone, M.D.
Harold W. Williams, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Jane Bain, M.D.
Ruth B. Beuscher, M.D.
Lloyd M. Caplan, M.D.
Franklin Carter, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Edwin M. Davidson, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Friedman, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Phillip Isenberg, M.D.
Eda M. Kahana, M.D.
Melvin M. Kayce, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingstone, M.D.
Edward Meshorer, M.D.
John K. Pearce, Jr., M.D.
Alexandra Rolde, M.D.
Richard Sens, M.D.
John B. Spillane, M.D.
William D. Temby, M.D.
Robert H. Trivus, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederick E. Whiskin, M.D.
Edward L. Zarsky, M.D.
Sheldon D. Zigelbaum, M.D.

Clinical Assistant in Psychiatry

*Larry H. Strasburger, M.D.

#*Clinical Fellows in Psychiatry*

Leslie Brooks, M.D.
Maurice C. Cion, M.D.
N. Scott Craven, M.D.
Joseph H. Herzberg, M.D.
Matthew E. Levine, M.D.
Hugh J. Lurie, M.D.
Michael Sperber, M.D.
Jerry Wacks, M.D.
Martin Yellen, M.D.

Chief Resident

Stephen B. Bernstein, M.D.

Resident Psychiatrists

Steve G. Agular, M.D.
Leo J. Borrell, M.D.
Brian Bouton, M.D.
Corbett Campbell, M.D.
Barbara A. Groome, M.D.
David D. Griffith, M.D.
Carolyn Ise
Brigitte M. Julian, M.D.
Philip Kelleher, M.D.
Alan N. Marks, M.D.
Charles R. Middleton, M.D.
John M. Mols, M.D.
Jason E. Mondale, M.D.
Barry D. Proner, M.D.
##Lawrence Ruzumna, M.D.
Daniel Shaw, M.D.
Franklin S. Simon, M.D.
Alfredo T. Suescum, M.D.
Paul Torop, M.D.
Robert Weinstock, M.D.
Bernard S. Yudowitz, M.D.

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*On leave of absence July 1, 1967 to July 1, 1969 (Military Service)
#Through June 30, 1969
##Through August 31, 1969

Clinical Assistants in Medicine

Hershel Jick, M.D.
Willem Linscheer, M.D.
Lloyd G. Potter, M.D.
Dennis Slone, M.D.

Consultant in Electroencephalography

John A. Abbott, M.D.

Assistant Dental Surgeon

Philip L. Millstein, D.M.D.

Radiologist

Majic S. Potsaid, M.D.

Assistant Neurologist

Larry J. Embree, M.D.

DEPARTMENT OF ACTIVITY THERAPIES

Director

James A. Garland, M.S. in S.S.

Occupational Therapy Supervisor

Iris Carroll, B.A., O.T.R.

Therapists

William Balmer
Doreen Hartley
Emilie Valla, B.S.
Marsha Wilder, B.S., O.T.R.
Elaine Woldorsky, B.S., O.T.R.

Recreational Therapy Supervisor

Robert Pilsbury, M.Ed.

Therapists

Nancy Annis, A.B.
Joel Davidson, B.A.
Leslie Prouty, B.A.
Paul Padlak, B.A.

Psychomotor Therapists
Albert Pesso, B.A.
Diane Pesso

Creative Arts
Supervisor
Helga Haendel

Instructor
Kathleen Edwards, B.S.

Horsemanship Instructor
Octavia Chater

Music Therapy
Rachel A. Farmer, M.T.R., B.S.
Paul D. Roberts

Vocational Rehabilitation Counselors
Thomas S. Higgins, M.S.
Janet Wisniewski, M.Ed.

Patients' Library
Margaret Ball, M.A.

Director of Volunteers
Dorothy M. Muller, M.S.W.

DEPARTMENT OF DEVELOPMENT

Director
Winston R. Johnson, M.A.

DEPARTMENT OF NURSING

Director Emerita, School of Nursing and Nursing Service
Margaret C. Tibbetts, R.N., B.S. in N.Ed.

NURSING SERVICE

Assistant Director of Nursing Service
Daniel H. Lennox, R.N., B.S.N., M.S. in N.Ed.

Nursing Service Supervisors

Vera K. Dunkley, R.N.
John J. Grady, R.N., B.S.N., ED.M.
Audrey L. Guzelian, R.N.
Rose M. Hobson, R.N., B.S.
Audrey S. Hurley, R.N.
Virginia E. Ladd, R.N.
Elinor O'Shea, R.N.
John P. Pitcherale, R.N., B.S. in N.ED., M.S.N.

Clinical Nursing Supervisors

Kathleen Barrett, R.N., B.S.N.
Diane Bosse, R.N.
Marguerite A. Conrad, R.N.
Carolyn Goodwin, R.N.
Mary McIntire, R.N., B.S.N.
Verne Moberly, R.N.
Marian Walsh, R.N.

Head Nurses

Curt Bank, R.N.
Mary E. Fuller, R.N.
Maurice O. Maynard, R.N.
Audrey A. Mosher, R.N.
M. Edith Murphy, R.N.

Coordinator of Training in Clinical Nursing

LaVonne E. Davidson, R.N., B.S. *in* N.ED., M.S.N.

Head Nurse, Health and Operating Room

Joanne Brody, R.N.

Clinical Nursing Consultant

Ida J. Pelletier, R.N., B.S. in Pub. Health, M.A.

SCHOOL OF NURSING

Assistant Director, School of Nursing

Mildred C. Makin, R.N., B.S. in Nursing E.D., ED.M.

Instructor in In-Service Education

Wilmah Goodrich, R.N., B.A.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School

John F. Dunn, M.A.

Dean

*Dorothy Wever, A.B.

Acting Dean

Kenneth McElheny, M.A.

Instructors in English

Gail Eaton, M.A.
Pamela Marland, B.A.
Patricia Neuman, M.A.

Instructor in Mathematics

Jeremiah McCarthy, A.B.

Instructor in Advanced Mathematics

Maureen Malin, M.B.A.

Instructor in French and Spanish

Jean Abner Genece, B.A.

Instructor in Biology and Chemistry

John Willey, B.S.

*on leave of absence

Instructors in History
Joseph John Cote, B.A.
Gail Eaton, M.A.
Pamela Marland, B.A.
William Redpath, M.A.

Instructor in Political Science and Spanish
Angelique Kuliesus, B.A.

Instructor in Music
Leslie Straley, B.A.

Instructor in Media and Creative Writing
William Redpath, M.A.

Instructor in Art
Helga Haendel

Librarian
Ellen Chvany, A.B.

Instructors in College-Level Program

Literature
Joseph Walsh, M.A.T.

Psychology
Lyman Gilmore, M.A.

Research Associate in Education
William C. Kvaraceus, ED.D.

Associate Psychologist
Helen J. Kenney, ED.D.

DEPARTMENT OF PERSONNEL

Director
David W. Bohy

Personnel Assistants
Margaret Higgins, B.A.
Richard Orton, B.A.

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene Pierce Stiver, Ph.D.

Associate Psychologists
Richard J. Bonier, PH.D.
David J. Ingle, PH.D.
(Neurophysiology Laboratory)
Helen J. Kenney, ED.D.
(Department of Education)
Brendan A. Maher, PH.D.
Norbett L. Mintz, PH.D.
Robert D. Schnitzer, PH.D.
Marvin Snider, PH.D.
Ralph G. Semon, PH.D.

Assistant Psychologists

Sophie B. Mintz, PH.D.
Scott A. Reinhardt, M.A.

Fellows

*Arthur Cobb, PH.D.
*Virginia Senders, PH.D.
**Abby Wolk, M.S.
Lois Levin, M.A.

Interns

**George Hayward, A.B.
**William Hudgins, B.S.
**Ann Roberts, M.A.
**Aimee Wilson, M.A.

DEPARTMENT OF PUBLIC RELATIONS

Director

Frederick W. McDonald, B.A.

Public Relations Assistants

Elizabeth Callison
Cynthia Mello, B.A.

RESEARCH DEPARTMENT

Director of Scientific Research

Jordi Folch-Pi, M.D.

Neuropathologist

Alfred Pope, M.D.

Associate Biochemists

George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Lewis C. Mokrasch, Ph.D.
Pierre J. Stoffyn, Ph.D.

Associate Neuropathologist

Helen H. Hess, M.D.

Assistant Biochemists

Joseph Eichberg, Jr., PH.D.
Anne Marie Stoffyn, PH.D.
Gwendolyn M. Sherman, PH.D.

Assistant Neuropathologists

Larry J. Embree, M.D.
Harvey M. Shein, M.D.

Research Fellows in Biochemistry

Francisco Gonzalez (Sastre), M.D.
Jorge Alberto Leston, M.D.
Jerzy Hildebrand, M.D.

*through August 31, 1970
**through August 31, 1969

DEPARTMENT OF SOCIAL SCIENCE

Chief and Assistant Social Scientist
Richard H. Longabaugh, ED.D.

Assistant Social Psychologist
Patsy H. Sampson, PH.D.

DEPARTMENT OF SOCIAL WORK

Director
Golda M. Edinburg, M.S. in S.S.

Supervisors
James A. Garland, M.S. in S.S.
(Social Group Worker, Director of Activity Therapies)
Shirley Goldstein, M.S.S.
(Outpatient Clinic)
Constance A. McGrath, S.M.
Martha M. Norton, M.S.W.

Psychiatric Social Workers
Marcia Abramson, M.S.S.
Virginia Albanese, M.S.W.
Karen Andrews, M.S.S.W.
Laura Coleman, S.M.
Irene M. Daitch, M.S. in S.S.
Eugenia Dromey, M.S.W.
Frances Grey, S.M.
(Outpatient Clinic)
Shirley Greenburg
(Outpatient Clinic)
Judith Haggerty, S.M.
Stella Hartz, M.S. in S.S.
Margaret Mayeda, M.S. in S.S.
Barbara L. Schwartz, S.M.
Ann Sheingold, M.S. in S.S.
(Outpatient Clinic)
Penelope Tyson, S.M.
(Outpatient Clinic)
Suzanne Vogel, S.M.
(Outpatient Clinic)
Anne Wallens, S.M.
Carol Weinberg, M.S.S.
(Outpatient Clinic)
Eve Welts, M.S. in S.S.

Research Social Worker
Mollie Grob, S.M.

Social Group Workers
Jane Compton, M.S.S.A.
Dorothy M. Muller, M.S.W.
(Director of Volunteers)
Judith Shapiro, M.S.W.
Marsha Spector, M.S.W.

UNIT HEADS

Mail and Patients' Receiving
George B. Durham, R.N., Th.M.

Physical Therapy
Thomas A. Crapo, R.N., R.P.T.

Libraries
Hector Bossange, M.A.

X-Ray
Herbert A. Davidson

Report of the Director

1967-1968

DURING the past year Mr. Ralph Lowell retired after 24 years as Chairman of the McLean Committee of the Trustees. Mr. George Putnam succeeded him. This marked an important new era for the hospital. Since Mr. Putnam has been a member of the McLean Committee for five years, the continuity of leadership was preserved. Mr. Lowell has been appointed Honorary Trustee and his wisdom and interest will not be lost as he continues as a member of the McLean Committee.

Mr. Lowell's retirement as Chairman of the Committee gave us the opportunity of expressing to him and Mrs. Lowell our affection and appreciation for the many years of service. At the Service Pin Award Ceremony in May, Mr. Lowell was presented with a McLean chair and a citation signed by the Trustees and the other officers of the institution. Mrs. Lowell was given an engraved silver picture frame in appreciation of her constant attendance at Mr. Lowell's side at countless hospital functions over the years.

As usual, this year many of our activities centered upon the day to day operation of the hospital, but they also involved our looking out towards the broader community and into the future. The planning continues for a child psychiatric center at McLean, made possible by the decision of Hall-Mercer to build a child psychiatric hospital. In July, Larry A. Stone, M.D., a child psychiatrist trained at McLean, rejoined the staff on a full-time basis to plan the Hall-Mercer as its Director of Development. Our efforts to qualify for matching Federal funds were intensified, and since this depends upon area planning for community mental health services, much of our activity was devoted to working with the Department of Mental Health and its Regional Administrator as well as with other institutions in the area. At the end of the year it was clear that much work was still needed to reach our goal.

Planning for Hall-Mercer Hospital in the context of a community mental health center has brought into sharp focus some fundamental questions concerning the relationship of private and public

institutions in the delivery of comprehensive mental health services to a community.

One hundred fifty-eight years ago, when McLean was founded, it was the only mental hospital in the Commonwealth and treated a broad spectrum of the population. Its facilities, however, were insufficient to meet the needs of the growing number of mentally ill in Massachusetts and in contrast to its handling of other types of illnesses, which essentially remained the responsibility of the private sector, the Commonwealth assumed responsibility for developing facilities for the treatment of the mentally ill.

Over the next century the large state hospitals were built. The clientele of The McLean changed and it was during this time that it earned its reputation of excellence as a private mental hospital. Because its operation was financed by its patients, it was able to continue to deliver high quality psychiatric treatment according to current professional practices in this slowly changing field. It remained approximately the same size as far as the number of patients is concerned, but its staff increased as the treatment modalities became more complex. In contrast, the large state hospitals during that period became even larger, more numerous, and consequently even more grossly understaffed. Their image as snake pits, even though undeserved in some cases, gained credence and they became more and more thought of as human warehouses in spite of the heroic efforts of the dedicated professionals who worked in them. There were often too few staff members, too many patients, and too little money allocated by the legislature to pay for a truly therapeutic program.

The gap between the state-financed hospitals and the private psychiatric hospitals like McLean, where it was often possible to implement optimal programs since patients themselves were paying for treatments, widened dramatically.

Eventually, in 1955, the state of mental health care in this country was considered a national disgrace and a congressional commission was appointed to make a study. Its report dealt primarily in surveying care in the state hospitals, where 80 per cent of the patients in the country were treated. It recommended drastic changes in its final report, *Action for Mental Health.* These recommendations eventually led to President Kennedy's history-making message to Congress in 1963, establishing community mental health centers.

The Massachusetts Mental Health project followed and, in 1967, the Massachusetts Legislature passed the Community Mental Health Act setting up 38 geographic areas in which community mental health centers would be built.

At one stroke the Community Mental Health Act established two things: (1) the vital necessity for collaboration between the private and public sectors in developing the mental health facilities, and (2) insistence upon citizen participation in evaluating the community's needs and establishing the facilities to meet them by establishing an area board in each community.

At this writing it is not yet certain how this collaboration between public and private sectors will be established or how effectively citizen leadership called for in the law will be carried out.

The Commonwealth is hard-pressed by the task of providing services to a growing number of patients. For political, public health, and humanitarian reasons — and it must meet all equally — it must continue to do *something* for everybody who needs help. While it is concerned about quality, the consuming problem is one of quantity.

The private hospital like McLean, on the other hand, aware that it cannot treat everybody, concentrates on providing the best treatment possible for a relatively fixed number of patients. The best we can provide is limited only by the extent of our knowledge of the treatment of mental illness and by the amount of money which our patients are able to invest in their treatment. When we talk, then, about collaboration of the public and private sectors, we must recognize that this starts from different premises, different philosophies, different experience as to what constitutes adequate care.

When the state spends approximately $10 a day per patient, how can it grasp the concept that $60 a day is required for effective treatment at McLean? Collaboration between the public and private sectors requires a mutual education about each others needs, philosophies, concepts of care, and objectives. For instance, the emphasis in recent years has been put on discharging patients rapidly from psychiatric hospitals and in fact in a large state hospital where chronic patients may receive very little care other than custodial, early discharge is surely an understandable and preferable alternative. Thus, the concept of "social recovery" as a partial or total objective of hospitalization has gained favor in some quarters. But

that single objective is not one subscribed to at McLean, either by staff or by our patients. Our effort is not just to prepare patients to "barely make it" in the community.

The symptoms of mental illness often, like that part of the iceberg one sees above the surface, give only an indication, or the superficial manifestation, of profound personality disturbance. Social recovery can often be accomplished by drugs and limited hospitalization aimed at a suppression of those superficial symptoms. We at McLean are dedicated to something more ambitious, hopefully more permanent, a more solid recovery; one which will help our patients not "just make it" on the outside but treatment which will make them sufficiently well to fulfill a life for which their past experience, their intelligence and their education has prepared them. This is attainable in many, many cases; it requires time, staff and money — three commodities of which the state system is woefully short.

With respect to the question of citizen leadership in the development of mental health facilities, it is gratifying to note that in some communities, the area boards have taken the leadership in developing mental health services and have effectively used psychiatric professionals in accomplishing this. In those areas where this is not yet the case, however, there is no mechanism for interested professionals who are able and ready to offer help in accomplishing the development of mental health services.

There is undoubtedly need for mutual understanding. A private hospital must try to understand the problems which the Commonwealth has in developing its programs. On the other hand, a private institution like McLean should expect in return that the state understands the unique contribution we can make. Although we provide care to a limited number of patients, the level of that care is of the highest caliber, and this has not been accomplished overnight but through many years of developing new methods of treating patients. The level of care developed at McLean is dependent upon first-rate staff, university affiliations, training programs and research programs, and perhaps most of all the fact that there are enough patients who are both able to recognize the need for the kind of high quality care which we offer and are able to pay for it.

If Massachusetts is truly interested, and it says it is, in upgrading the quality of care throughout the Commonwealth, then it must find ways of utilizing the private sector in its efforts. It must be

cognizant of the fact that the private sector has developed what it has, at least partly because it *was* private and unfettered by governmental bureaucracy. Therefore, whatever arrangements are made that look forward to cooperation between the public and private sectors, must guarantee to the private sector retention of sufficient control of its own destiny so that it can continue to make the decisions required to maintain high level care. The private facility must avoid the danger of sacrificing quality in the attempt to produce quantity of mental health services.

Continued Growth of Adolescent Program

The treatment of adolescents has continued to occupy an increasing proportion of our time. Ten years ago only five per cent of our patients were under 21; in the past three years that percentage increased to 25 per cent, and this past year 33 per cent of the patients admitted to McLean were adolescents. We have no easy explanation for this, but at least in part this must be due to the upheaval taking place in society among young people and the increasing incidence of antisocial acts and use of drugs as an attempt at solving inner tensions and social problems. In part, too, this reflects the reputation which the hospital has attained as a center for the treatment of adolescents.

During this past year, the Arlington School has continued to fulfill in the highest degree the expectations we have had for it in previous years. It has continued to offer the highest quality education to an increasing number of adolescents and in fact the demands upon its services now have reached the physical capacity of the school. We therefore face either a limitation in the admission of adolescents in the future or an expansion of the School. The increasing number of adolescents has also forced us to review the structure of our treatment programs for them and has led us to question whether it would not be better to house most or all of the adolescents on a limited number of units and operate it as an adolescent unit separate from the main hospital. At the end of the year this was a subject that was still under active discussion and it appears increasingly likely that the advantages of organizing adolescent treatment into a distinct unit by far outweigh its potential disadvantages.

In recent years, on the initiative of James Garland, M.S.S.S., Director of Activity Therapies, greater emphasis has been placed on

group approaches in the treatment of patients. While this trend has been unquestionably beneficial, it has raised important questions about the respective functions of the various clinical disciplines, particularly nurses and activity therapists. The crucial question seems to be what clinical activities can be carried out interchangeably by a variety of professional disciplines, given a certain amount of in-service training, and what activities require the special skills which only individuals prepared in professional graduate schools can accomplish. As a step in answering this crucial question, Richard Longabaugh, Ed.D., Director of the Social Science Department, conducted extensive studies on three patient units to evaluate the various activities of the personnel.

This is more than purely academic interest; it impinges upon the philosophy of treatment and its cost. McLean can boast that it has more staff per patient than any other psychiatric hospital in the country. This is partially due to its geographical configuration, the internal arrangements of the halls and their distance one from the other, but is mainly due to our concept of treatment. Given this large staff and mindful of the cost of treatment, it is imperative that we review constantly the type and number of each professional we employ to fulfill the task at hand. This critical function of review is receiving priority at McLean. While our rates still compare favorably with the cost of care in a general hospital, the relatively longer hospitalization required for the treatment of mental illness, as well as the more limited insurance coverage for mental illness as opposed to physical illness, places a larger financial burden on families for treatment at McLean than it does at a general hospital. This requires, therefore, that we constantly review the most effective way of using our staff, how many there should be, what professional disciplines they should represent, what kinds of training, how we use them, how to avoid duplication, how to avoid inefficiency, etc.

We also have to recognize the ultimate effect on McLean of the development of psychiatric services in general hospitals and community mental health centers. We do not expect this will result in less demand being made on our services. On the contrary, we believe that the more facilities that exist for the evaluation of mental disease, the more it will be recognized that many types of patients will require the kind of care that McLean can offer and therefore

we expect that an increasing proportion of our patients will be the sickest and will require the most care and the most complicated therapeutic maneuvers and in turn this will result in more and more staff being required.

A comparison can be made with the effect of the developing community hospitals on an institution like MGH. Nowadays the uncomplicated heart attack or appendicitis or hernia is treated effectively in a community hospital. This has meant that only the most complicated cases, the most difficult treatments, the most complex surgical procedures are referred to an institution like the MGH, and therefore, the most advanced techniques, the largest staff, have to exist in an institution like the MGH. We are in a comparable situation.

Other Highlights of the Year

One of the most important decisions made by the Trustees last year was to embark upon the major fund-raising effort needed to expand the hospital's services and maintain high quality care of patients. It was decided to base the major fund-raising effort at the hospital and Mr. Winston Johnson was appointed as Director of Development for McLean and will work in close collaboration with Mr. David Crockett at the General. Preliminary studies of the fund-raising potential of the hospital reveal the very special problems which a psychiatric hospital faces. It is usual for an institution to raise money from those who are most directly benefited from its services and in this regard the expense of a psychiatric illness and vicissitudes of psychiatric treatment may affect the attitude of former patients and families. Nevertheless, this task must be tackled to fulfill our expectations for the future for new construction and new programs. It is clear that individuals in the community are still not sufficiently aware of the scope and variety of the work of McLean, and further steps must be taken to tell our story to a broader public. Next year a mail fund-raising campaign will be carried out. We also plan to have a fund-raising survey done by experts to advise us on the hospital's needs and prospects.

The graduation of the last class of McLean Hospital School of Nursing was a sad event in that it ended an era in nursing education. The McLean School of Nursing was the first school of nursing in a mental hospital in the world. Yet the end of the diploma program in no way signifies the end of nursing education at McLean.

Plans are under way to develop programs in nursing education at the graduate level in affiliation with college schools of nursing. Hilda Mertz, M.S.N., Director of Nursing Service and Nursing Education, resigned to resume full-time work in nursing education in a university setting. Daniel H. Lennox, R.N., M.S., Assistant Director of Nursing Service, and Mildred C. Makin, R.N., Ed.M., Assistant Director of the School of Nursing, assumed responsibility on a temporary basis for Nursing Service and Nursing Education respectively. A search committee to find a new director of the Nursing Department was established, and several distinguished nurses agreed to serve on the committee: Mr. James L. Hudson, R.N., Director, Organization Services Department, American Nurses' Association, Inc.; Miss Mary E. Macdonald, R.N., Director, Department of Nursing, Massachusetts General Hospital; Adelna Mooth, Ed.D., Professor of Nursing and Chairman of Program in Nursing Service Administration, Boston University School of Nursing; Miss Alice Stueks, R.N., M.S. in Psych. Nsg., Assistant Professor and Coordinator, Psychiatric Nursing Programs, Boston College School of Nursing; Margaret M. Plymire, Ph.D., Chairman, Department of Nursing, Simmons College; Stephen Washburn, M.D., Director, Day Care Center, McLean Hospital; Miss Norma Jean Schmieding, R.N., M.S.N., Research Unit, Brockton V.A. Hospital.

A formal orientation program for psychiatric aides was established at the end of the year under the aegis of Mrs. Makin. Since the hospital employs 140 aides, and the patients probably have more concentrated contact with aides than with any other professional, the orientation program was an important step in insuring a high level of care. Other in-service training programs are in the planning stages at this time.

Two special programs for the lay and professional community were organized during the year. The psychotherapy symposium took place in October and was a great success. It was gratifying to note the extent to which the professional community is interested and sympathetic to our clinical work. The Community Open House in October attracted 2000 visitors who heard excellent discussions by a large group of staff members from many departments concerning our work.

The annual meeting of the American Psychiatric Association held in Boston in May gave us the opportunity once again of welcoming

our psychiatric colleagues and renewing contact with many residents trained at McLean who had scattered to the far corners of the country.

Negotiations with the town of Belmont culminated during the year in the sale of 70.2 acres of land on Mill Street for conservation purposes. The bonds of friendship and mutual interest between the town and the hospital were further strengthened by periodic meetings between the Director and Administrator and the Selectmen of the town.

Planning for an admission unit at the hospital took place during the year. At the present time patients are admitted from the community to many different units in the hospital. We thought that developing a specialized staff, particularly skilled in treating new patients during the first few days or weeks of their admission, would increase the effectiveness of our treatment. It was believed also that it would improve our communication with families and referring physicians during the crucial initial stage of the patient's stay at the hospital. At the end of the year plans were sufficiently advanced to be implemented in the near future.

Mrs. Barbara R. Hopkins, who joined the hospital four years ago as the first Director of Public Relations, resigned in June. Mr. Frederick W. McDonald was appointed Director of Public Relations, and he brings to this position wide experience in administration and public relations as well as a deep interest in the handicapped child, most recently as executive director of Joseph P. Kennedy, Jr. Foundation.

The Director is deeply grateful to the hospital staff and personnel who have throughout the year, day in and day out, continued to provide such excellent services in this institution. He is also grateful to the McLean Committee of the Trustees and especially to Mr. George Putnam who, in his first year as Chairman of the McLean Committee, has already accomplished much in setting a new course for the hospital's future.

FRANCIS DE MARNEFFE, M.D.
Director

Report of the Administrator

1967-1968

FOR the fourth consecutive year the basic room and care rate was increased because of a spiraling increase in hospital costs. On October 1, 1967 the rate was increased 20% from $50 to $60 a day. The fiscal year ended with a net surplus of $54,290 as compared with a budgeted deficit of $79,164. Net operating income increased 19.9% over last year while expenses increased 17.5%. Deductions from income represent 7.6% of total patient income as compared with 9.4% last year. Salaries and wages represented 73.4% of total expenses — a 2% increase over last year. The rapid acceleration of salaries and wages in relation to total expenses began approximately ten years ago. It is anticipated that salaries and wages will exceed 75% of total expenses during the next fiscal year.

Hospitalization insurance has continued to play an ever increasing role in financing hospital care. Of the 305 inpatient hospital admissions during the past year, 244 (80%) were covered by various types of hospitalization insurance. The insurance recovery of approximately $1,081,000 represented 18.6% of net patient billing for the year — an increase of 2.4% over last year. The average insurance recovery per case amounted to $4,430 compared with $3,000 last year and represented approximately 63 days of inpatient care at standard charges. As a general rule insurance carriers no longer require in-hospital surgical facilities as a basis for reimbursement in a psychiatric hospital. However, psychiatric hospitals are still discriminated against under basic Blue Cross plans and under the Medicare-Medicaid programs. Federal legislation is being introduced to eliminate the 190 day limit of inpatient care in a psychiatric hospital under the Medicare program. Insurance carriers continue to improve psychiatric coverage but in many cases it is limited to outpatient care and to psychiatric care in a general hospital.

Funds generated through patient fees have not been sufficient to meet the day-by-day capital needs of the hospital. Annual requests for plant improvements and equipment have been far greater than funds generated through depreciation. In March the Board of Trustees approved a 5 year plan for the expenditure of $1,431,000

of depreciation funds on an accelerated time schedule and replacement of 108 beds in four patient buildings by 1972. In general, major expenditures on present patient units, although providing more comfort for patients and working conditions for staff, does not solve the basic problem presented by widely separated obsolete buildings with limited internal spaces. Phasing out of four buildings for patient use within the next four years will be the first step in the eventual replacement of all patient units.

During the year $399,012 was expended for capital improvements including $69,940 for major moveable equipment and $138,822 for prior year projects. Major projects undertaken during the year included weatherproofing the hospital tunnel system, initiation of phase 3 of the roadway lighting system, installation of stainless steel dumbwaiter cars on all patient units, installation of protection screens on Codman House II and North Belknap I, installation of a high pressure steam line from the Power House to the Service Building, installation of unit heaters and weatherstripping of windows on patient units, removal of Higginson House fire escapes and installation of interior fire doors, replacement of the Gymnasium floor, renovation of the second floor of the Administration Building, replacement of electrical service to Arlington School, replacement of Power House stack and section of the Power House roof, replacement of the main kitchen ventilation system, renewal of water mains and hot and cold water lines in the tunnel system between East House, Codman House, Appleton and Higginson House, construction of an additional tennis court, relocation of hood blowers in the Research Laboratory, and installation of heating controls in Higginson House and Gymnasium.

Routine plant and maintenance activities included exterior painting of the Rehabilitation Center, partial painting of the Administration and Service Buildings, as well as extensive painting of iron railings. The interior paint schedule included 96 areas in nine patient areas in addition to 90% of both South Belknap I and II; also 92 areas in the Administration Building, Men Nurses Home, and Service Building were painted. Activities in the department increased significantly in planning and following through on remodeling work and will further increase in the near future. Routine and emergency maintenance requisitions have leveled off at approximately 5600 per year primarily due to the success of the preventa-

tive maintenance program and the on going program of upgrading the heating, plumbing, and electrical systems.

The Accounting Department was expanded to meet additional work schedules and to provide for more efficient management. The positions of Accounting Supervisor and Supervisor of Patient Accounts were upgraded to Assistant to the Comptroller for Accounting and Assistant to the Comptroller for Patient Accounts. An additional full-time accountant position was established in June because of the additional work required to complete cost reports. At present, expense budget, accounts payable, and weekly payroll functions are processed on computer at the Massachusetts General Hospital. Processing of patient accounts by the General Hospital has been discussed and is still being explored at this time.

In addition to the general maintenance of the grounds and roadway system, the Department of Grounds and Transportation began a long range program of upgrading the perimeter and wooded acreage of the hospital property by removing diseased and dead trees, thinning out brush, and by repairing fieldstone walls and line fences. Two additional vehicles were purchased during the year: a 12-passenger wagon for patient activities and a Jeep to speed up snow removal on the secondary roadway system. During the year the 16 hospital vehicles traveled 70,450 miles, a 16% increase over 1967. Resurfacing of the South Parking Area was deferred until next year and will be enlarged to accommodate 116 cars rather than the original 70 planned.

The cafeteria renovation, completed in November, was enthusiastically received by both patients and staff. Installation of modern equipment has improved cafeteria service including a more selective menu without adding personnel. The recent installation of a modern hood and ventilating system will be followed by the renovation of the entire steam cooking area, installation of a six foot ceramic tile dado throughout the main kitchen, modernization of the bake shop, and replacement of obsolete equipment. The patient cafeteria food service although successful has been able to serve only approximately one-third of the patients because of the logistical and staff problem of escorting patients from patient units to the cafeteria. Food continues to be distributed to all patient units and all patients from any one unit do not eat in the cafeteria. This dual system is more costly but will probably be maintained until new and larger patient units are constructed.

The Building Service Department continued to expand and reorganize during the year. A cleaning crew was established in October and has systematically cleaned all patient units. However, the rooms of many of the younger patients require frequent attention not heretofore provided by the Building Service Department. The general problem of clutter and cleanliness of patient rooms and accountability for the cleanliness of the rooms is being evaluated at this time. Evening cleaning activities have increased because of the office area now included on the evening schedule. The position of lead houseman has been upgraded to supervisor to assume over-all responsibility for evening cleaning activities. Heavy duty opaque vinyl window shades were installed on all patient units. Drapery hardware is being converted to a snap-on system and replacement of all drapes with flame resistant material will be completed next year. The installation of wall-to-wall carpeting in patient areas and office areas has continued during the year. Approximately 710 yards of carpeting were installed on Appleton, Upham and South Belknap I. Mrs. Catherine Roche retired as Building Service Supervisor on September 1, 1968 after 15 years of service and was replaced by Mr. George Hilty on September 23, 1968.

The Laundry continues to operate effectively with maximum utilization of equipment. The purchase of color coded linen hampers has facilitated the distribution of linen to all patient units. Installation of heavy duty fans and ventilating equipment, new lockers, and replacement of wood utility tables have improved the working conditions for employees. The planned replacement of drapes on all patient units may require the establishing of an additional seamstress position next year. However, the manufacturing cost of drapes including labor and materials is approximately one-half of the price of purchasing custom made drapes.

In March the hospital cancelled its contract guard service and established a Security Department of six officers to provide 24-hour coverage supervised by Administration. This change from a contract to an employee service has greatly improved communications, especially during evenings, nights, and weekends.

The work load of the Medical Records Department has stabilized during the year with the exception of an ever-increasing demand for statistical reports and service. In July the hospital joined 85 member hospitals of the National Association of Private Psychiatric Hospi-

tals in participating in a data processing program. Quarterly statistical reports on admissions and discharges distributed to each hospital will summarize the statistics submitted by all participating hospitals. The proposed relocation of the department to the Center Building from the Administration Building has been deferred because of the concern among physicians and departmental personnel that such a move would make it more difficult and time-consuming to complete and review records. It may be possible to pick up additional space adjacent to the present Medical Records Department but this solution would only be temporary.

Because of the continuing shortage of skilled and unskilled labor in the Greater Boston area, the general inflationary pressures in the economy, the need to recruit and retain well qualified employees, the hospital increased the minimum wage from $1.60 to $2.00 per hour on October 1, upgraded all salary ranges, and improved fringe benefits. In February a hospital sponsored tuition scholarship plan for all full-time employees was implemented. In June the cumulative sick leave benefits were increased from 50 to 135 working days. The sick leave program was expanded to complement the voluntary disability insurance program which provides income if an accident or illness prevents an employee from continuing work. In July an evening and night shift differential program of 25¢ an hour for non-professional employees went into effect. During the year 1607 applicants were interviewed by the Personnel Department and 404 hired, compared with 1289 applicants interviewed and 421 employed last year. In May Mr. John E. Lowe resigned as Director of Personnel and was replaced by Mr. David W. Bohy on August 16. Prior to his appointment at McLean, Mr. Bohy was Personnel Officer of the Metals and Supercon Division of the Norton Company.

At the second combined annual reception and tea held in May, 68 employees and 48 volunteers were honored for length of service. Mr. Ralph Lowell, Honorary Trustee of the Massachusetts General Hospital and Chairman of the McLean Hospital Committee for 22 years, received a special citation. Mrs. Lowell was given a gift in appreciation for all her interest and participation in hospital events with her husband throughout the years. Mr. George Putnam, Trustee of the Massachusetts General Hospital and Chairman of the McLean Hospital Committee, was awarded a pin for his 5 years of

service on the McLean Committee. Paul M. Howard, M.D., Associate Director of Clinical Psychiatry, and Miss Alfreda Haskell were awarded diamond service pins and McLean chairs for 30 years and 25 years of service respectively. Mr. John Grady, R.N., B.S.N., Ed.M.; Mr. Joseph Landrigan, Nursing Aide; Mr. Daniel H. Lennox, R.N., B.S.N., M.S. in N.Ed., Assistant Director of Nursing Service; Mr. John Pitcherale, R.N., B.S. in N.Ed., M.S.N., Nursing Service Supervisor; Mr. John Wentworth, Staff Nurse; Mr. George R. Zager, Reg. Ph., M.S.; and Mr. Edward Dean were awarded 20-year pins. Twenty-four employees received 10-year pins and 35 employees received 5-year pins. Twelve employees retired during the year increasing the total number of pensioners to 21.

This report has attempted to summarize the significant events that have occurred in the non-clinical services of the hospital during the past year. Of concern to all of us is the spiraling increase in hospital costs which has a far greater impact and more serious consequences on the patients in private psychiatric hospitals than on patients in general hospitals. Competition for qualified employees both clinical and non-clinical at all salary levels in the hospital has resulted in substantial wage increases for all employees. This increase is reflected in a 25% increase in the minimum wage and a 10% increase in the maximum starting salary for registered nurses. The $54,290 operating surplus plus the $226,740 in depreciation funds fell far short of the $399,012 expended for capital additions and equipment. The difference of $117,982 represented cash expenditures from sources other than operating funds. The hospital is operating on a sound financial basis with highly organized well-staffed departments. The most critical need at the hospital is for capital funds to replace the present obsolete patient buildings.

The continued progress made during the past year could not have been achieved without the understanding of the Board of Trustees, the McLean Hospital Committee, the Director of the Hospital, and the cooperation, loyalty, and untiring efforts of all department heads and personnel.

HENRY J. LANGEVIN, M.S. Psych. Nurs.
Administrator

McLean Hospital

STATEMENT OF DIRECTOR'S EQUITY

September 30, 1969

ASSETS

Cash		$ 70,316.94
Accounts Receivable—Patients		
Current Month Billing	449,174.23	
In House Accounts Overdue	429,920.74	
Discharged Accounts	258,536.33	
Due From Medicare	132,947.76	
Out Patient Clinic	28,031.56	
Total	1,298,610.62	
Less Reserve for Doubtful Accounts	178,254.28	1,120,356.34
Accounts Receivable—Other		26,579.61
Inventories—Materials and Supplies		90,824.14
Prepaid Items		(2,227.86)
TOTAL ASSETS		1,305,849.17

LIABILITIES

Accounts Payable	221,136.94	
Federal & State Taxes Payable	74,281.82	
Reserve For Workmen's Compensation	15,616.00	
Blue Cross/Blue Shield Premiums Payable	1,602.98	
Deferred Income—Special Funds	82,810.00	
Reserve for Pensions—Special Funds	224.81	
Fiduciary Exchange Accounts	(1,263.96)	
TOTAL LIABILITIES		394,408.59

TREASURER'S EQUITY

Treasurer's Equity 9/30/67	833,868.85	
Add: Cash From Treasurer (Year to Date)	1,200,000.00	
Cumulative Depreciation (Year to Date)	226,740.20	
Total	2,260,609.05	
Less: Operating Surplus or (Deficit) (17,454.42)		
Disbursements—Special Funds (Year to Date) (932,702.48)		
Disbursements—Capital Additions (Year to Date) (399,011.57)	(1,349,168.47)	
Treasurer's Equity as of September 30, 1968		911,440.58
TOTAL LIABILITIES & TREASURER'S EQUITY		1,305,849.17

McLean Hospital

OPERATING STATEMENT

	Cumulative Actual Oct. 1, 1967 Sept. 30, 1968	*Cumulative Actual Oct. 1, 1966 Sept. 30, 1967*
Patient Days	81,246	82,018
Average Daily Census	222	225
Percent of Occupancy (Complement 256 Beds)	87	88
INCOME		
Room and Care	$4,952,089.95	$4,164,830.96
Day Care	298,443.00	237,098.00
Night Care	124,848.00	87,638.00
Outpatient Clinic	151,680.00	107,280.00
Other Patient Income	766,613.00	737,397.65
Other Non-Patient Income	327,304.98	289,481.10
TOTAL OPERATING INCOME	$6,620,978.93	$5,623,725.71
DEDUCTIONS FROM INCOME		
Free Service-In Patients	255,527.42	293,990.22
Free Service-Day & Night Care	37,220.78	30,267.71
Free Service-Outpatient Clinic	72,576.11	55,424.28
Free Service-Medicare Allowance	3,341.47	2,532.67
Courtesy Allowance	15,654.00	17,960.00
Provision for Doubtful Accounts	93,685.00	101,202.82
TOTAL DEDUCTIONS FROM INCOME	$ 478,004.78	$ 501,377.70
NET OPERATING INCOME	$6,142,974.15	$5,122,348.01
EXPENSES		
Salaries and Wages—Nursing	$1,871,051.00	$1,619,691.68
Salaries and Wages—Other	2,652,647.54	2,126,625.95
Supplies	569,369.95	511,107.46
Outside Services	382,965.25	407,668.49
Depreciation	226,740.20	204,743.30
Other Expenses	457,654.63	371,385.44
TOTAL EXPENSES	$6,160,428.57	$5,241,222.32
OPERATING SURPLUS OR (DEFICIT)	(17,454.42)	(118,874.31)
OTHER INCOME		
Treasurer's Income	97,737.96	97,020.12
Less Treasurer's Expense	25,993.71	27,343.48
Net Treasurer's Income	$ 71,744.25	$ 69,676.64
NET SURPLUS OR (DEFICIT)	$ 54,289.83	$ (49,176.67)

Report of the Psychiatrist in Chief

The Psychiatric Service and Research Programs

INSTITUTIONAL frameworks are likely to be temporary even when they are well-liked and generally adequate; changing requirements make their impact.

Almost throughout the year, a considerable amount of attention among the psychiatric staff has been devoted to the appraisal of our current plans for delivering care to patients, and for permitting their participation in the treatment program. The usual model of a hospital ward, with its medical and nursing division of labor, its crisp and specific orders directed toward the treatment of each individual patient, has been the general plan of most of the McLean wards, but with an increasing sense that it is not as good a model as others may well be. What the form of these "ward programs" will be is only partly developed, but it is clear that the most general concern of the hospital professionals has been the reorganization of several of the hospital wards.

There are several factors bringing this about. The constant backdrop of all considerations in the increasing cost of hospital care — and the constant concern for cutting costs without diminishing the level of treatment. Few proposals have sprung purely from this consideration, however. Second is the growing awareness of the great therapeutic impact of group activities, both constructive and potentially destructive. Collective planning of ward trips to ski areas, recreational or artistic activities in town, and arrangements to work on the grounds replace individual preoccupation and withdrawal. Motivation springs from others as well as from oneself. Group activities are hard to prescribe and to plan if one is thinking entirely of the treatment of individuals, but they need not be at the expense of individual oriented treatment.

A third factor is the continuing change in the patient population. Patients suffering from an out-and-out major psychosis are becoming less common and their number is being replaced by adolescent patients, depressed and directly or indirectly self-destructive, by acutely

disturbed elderly patients, and by patients with pathological habituation to alcohol, drugs, or severe problems in adjustment.

Problems arise in terms of scheduling and coordinating of a patient's "program"; in many ways, a successful treatment plan seems more like a successful curriculum plan than a medical regimen. Consequently, the development of a purely adolescent unit has featured prominently in the staff discussion. Martin A. Miller, M.D., Maurice Vanderpol, M.D., John F. Dunn, M.A., and James A. Garland, M.S. in S.S., have been particularly active in designing such a unit. The McLean program in psychiatric problems of adolescence suffered a serious blow in the sudden and premature death of Henry Wermer, M.D., who was directing it at the time of his death; his place has been taken temporarily by his close associate in the program, Richmond Holder, M.D.

Patient admissions were concentrated upon a new Admissions Unit under the direction of Michael D. Robbins, M.D., with the help of Philip Kelleher, M.D. A careful period of planning meant surprisingly few complications in opening the unit and only a few weeks demonstrated its facilitating the rapid study of patients, the greater educational value and probably, ultimately, lower cost of studying patients at admission.

A plan for the care of older patients was developed by Irene Jakab, M.D., Ph.D., under whose direction the unit for gerontological care became the most rapidly turning over part of the inpatient service. Again, her plan calls for planning for activities which take into account the unhealthy tendency toward provincialism and local concerns which tend to develop among the patients in any relatively self-contained institution.

Plans for Bowditch are in an early stage of development; this ward for men patients requiring the greatest restrictions has developed a wide variety of group activities during the last two years whose effects encourage their considerable further development.

Plans for a half-way house, probably to be located off the hospital grounds, are being worked out by Richard D. Budson, M.D. As reported elsewhere, Lawrence A. Stone, M.D., has directed the planning for the Hall-Mercer Hospital.

Research activities, under the general direction of the Department of Psychiatry, have remained at about the same level, an achievement in the face of the dwindling federal research budget

on the one hand and the interim status of the department direction. Studies in ward interaction by Stanley H. Eldred, M.D., and Richard H. Longabaugh, Ed.D.; of psychotherapy with adolescent patients by Alan A. Stone, M.D. and Peter T. Choras, M.D.; of psychotherapy in suicidal patients by Dr. Alan Stone and Harvey M. Shein, M.D.; of the role of the pineal in daily rhythms by Patsy H. Sampson, Ph.D.; of family therapy by David Blau, M.D., John K. Pearce, Jr., M.D., and Marvin Snider, Ph.D.; of crisis intervention effects by Richard J. Bonier, Ph.D., Jacob Christ, M.D., and Shirley Goldstein, M.S.S.; of the appraisal of art productions by patients by Dr. Jakab; of cross-cultural effects in psychopathology by Norbett L. Mintz, Ph.D.; of pineal innervation by Howard T. Hermann, M.D., and of the psychotherapy of schizophrenic patients by Alfred H. Stanton, M.D., Robert D. Schnitzer, Ph.D., Arthur J. Cain, M.D., and Robert M. Weiner, M.D., are actively continuing. David J. Ingle, Ph.D., is a welcome and important addition to the activities of the neurophysiological and neuropsychological laboratories.

ALFRED H. STANTON, M.D.
Psychiatrist in Chief

Report of the
Associate Director of Clinical Psychiatry

Patient Staff Community

APPROACHES to mental health have become more community centered throughout the nation with a lessened emphasis on the mental hospital. The effect of "community" on patient health has been the traditional subject of this report and we will continue to assert the value of the McLean Hospital as a community in itself. The fostering of community relations of the patient in a hospital service is to be reported because of its profound therapeutic effect.

Our present hospital community has fewer barriers and more interconnections with the outside community than a few years ago as attested by the outpatient, the day care, and the day care-night care programs. A third of our patients live outside, and there is an upcoming half-way house. Inpatients are also active in the outside community in school programs, jobs, and outings; some pay taxes and vote. Professional services of the hospital provide rehabilitation and job advice, schooling and education guidance, family orientation and family treatment, as well as the involvement of the patient in better family and community relationships through various group and individual therapies. Better community attitudes arise from improved inner thinking. Volunteers from the community come into the hospital to work, and the psychiatric aides are often highly educated persons interesting to know. An increased general friendliness to the mental hospital patient is a great help, witness for instance the softening of legal restrictions. Hence our hospital life is enriched, in contact with, and contributes to the outside community — though in many self-controlled features it has value to the mental patient not to be found in the "outside world". Certainly most of the patients are anticipating a change to the outside after they have matured as persons in the "inside" community.

Early in its history, the hospital relieved misery of mental illness by being an "asylum" from the community in a good sense of

the word; but as asylums became collection areas for misfits, the isolation from the community had devastating results on inmates. Occupational Therapy was an early department to work on correction of this atmosphere of incarceration, but work was confined within the walls. Operating on the "medical model", departments tried various things: doctors diagnosed, then prescribed physiological, chemical, and psychological treatments without much reference to either inside or outside community functions. Nurses attended and guarded with loving professional care. Outside world and inside community remained timid of each other. Such trends still exist but are lessened. Subsequently came family service (especially by social work) and job rehabilitation, and fewer hospital rules and restrictions. There was a considerable effect on subtle and stubborn mental illnesses.

The patients themselves gave a great impetus to the development of better community mores in the hospital. They responded to what they heard from outside and from other hospitals that the mentally ill person has social rights. They acted with creative social responsiveness and rational protest to conditions, started specific organizations such as Patient Activities Association, a variety of hall meetings and cooked up countless events. They accepted controls, won freedom, and propagandized for less "professional" isolation of the staff. They still do.

The Activity Department responded in 1954 to this creative urge of the patients because much of the patients' concern was for better use of their time. There has been an annual increase in effort by Activity Therapy and during this past year, especially, this has been phenomenal.

Psychiatry began to see the effects in improvement of clinical condition as patients assumed new social roles and fostered patient meetings and family involvement. Psychology was a participant observer. The Administrative Departments began to provide meaningful work for patients in the hospital and patients began to get job counselling from Activities Therapy. The Library functioned rather uniquely from the beginning, as a social and intellectual work area. The Sociology Department was able to indicate, via ward studies, the healing effect on pathology of responsive associations between patients and patients, patients and staff, both individual and group relationships, including some not dependent upon professional

training. So great has the staff response become that the initiating efforts of the undepartmentalized patients are often unmentioned.

Group social work began to enter social activities which worked especially well for the larger number of young patients who began to be admitted; this also served all ages, especially and most surprisingly, the aged and forgetful. Group considerations were introduced to life on the halls which influenced the style of Nursing.

In the meanwhile, the Arlington School was provided with a tremendously important specific task, that of education for our (often dropout) adolescents, annually enabling some 50 of them to continue and save their learning careers. Social Work brought in families for casework and Family Therapy by physicians often had amazing results. Nursing and Psychiatric Aides intensified the meaningfulness of professional and personal relationships with patients, and also began group methods, with skillful effect of psychopathology. The physicians variably became attuned to or used group methods. The Physician in Charge of the hall spent much of his time thinking about and prescribing social readjustment for patients according to patient needs. Psychotherapists began to think more in terms of the quality of adaptation of their patient to the social scene. Volunteers were from the beginning eager to socialize with the patients in many interesting ways.

The concatenation of these efforts increasingly is a focus in life on the hall and in the interdepartmental functioning of all departments around patients on each hall. Departments maintain individual structure but interrelate as a "team" of professionals on the hall.

The deep inner wishes and personality trends of each patient invest the hospital environment with individual perceptions of the environment, with feelings about particular persons and with actions towards customs, opportunities, and expectations. Some rational "thinking" is done. In the intensive psychotherapeutic hospital, the patient is led to think and remember intensively his past memories; but he is also led to reflect in psychotherapy on his present and planned actions. Fantasies, dreams, social motivations, and intellectual function are included and eventually better perceptions and choices are made.

Sick patients have abilities beyond what appears in first examination and they respond favorably to the presence of a thinking and

acting team of people who daily intercommunicate concerning the individual patient and the patient groups. This dynamic atmosphere of McLean Hospital is an intense pleasure for all who work and live here. The atmosphere allows personality growth and health to patients for whom life was getting to be "too much" or "too little". We are in mutual debt to all departments, especially to our participating patients, that our "community" is continually re-created. We are in appreciative debt to the Trustees for fostering community standards and growth.

PAUL M. HOWARD, M.D.
Associate Director of Clinical Psychiatry

Report of the Outpatient Clinic

THE past year has seen a continued growth of the Outpatient Clinic, although at a reduced rate. It would seem that while the mental health needs of the surrounding communities can still not be considered to be met, at least a certain equilibrium has come about where the services offered by the McLean Outpatient Clinic have become well known, and a regular demand for service from the community can now be counted upon. Seen from within the Clinic, a degree of consolidation and stabilization has taken place, where the staff at present is able to apply their increasing experience and sophistication to the clients' needs and where work performed can be expected to be thoughtful, well-planned and, if carried out by trainees, well supervised. There still has been some increase in numbers of patients and interviews. The total number of inquiries or requests for help has increased from 629 to 696. A stronger growth, however, took place in the number of interviews. While last year the total number stood at 8892, this year it was 10,712. This figure reflects perhaps a greater ability on our part to provide our clients with more continuous service, since presumably more people are seen for a longer time. In other words, the patient who is calling for help is less likely to depart again right away, but is more able or willing to stay for extended evaluation or treatment. In addition to the mentioned number of patient interviews, a number of relatives of patients were seen in conjunction with those primarily labeled as clients. If this part of the work load is added to the patient interviews, the figure comes to a grand total of 12,450 interviews held during a year. The willingness and readiness of the Clinic staff to interview relatives and family members reflects a recognition that, quite often in situations requiring outpatient help, not only one member of a family is in need of help, but a total situation is at stake, involving a number of people. Joint interviews with couples and families, therefore, have become an integral part of outpatient clinic practice. The average number of interviews per month came to 1037, while the daily attendance in the clinic was 47. There can be no question that these figures by now reflect an operation of major size. The Outpatient Clinic has become a large part of McLean Hospital, participating in its services, in its training program and in research.

The secretarial and record-keeping part of the Clinic's work which had been up-graded considerably last year, has continued to operate effectively under the new leadership of Mrs. Lois Burger who has replaced Miss Blanche Gosselin as office supervisor. Liaison with the hospital administration is well maintained and a spirit of harmony and collaboration has prevailed between office staff and the many professionals who either work at the Clinic for a block of time or are only short-time visitors.

The social service workers have, as before, formed the core of the Outpatient Clinic operation. Under the able leadership of Shirley Goldstein, M.S.S., a staff of two full-time and four part-time workers handles the daily load of inquiry calls, a major part of the application interviewing, and of the evaluating of problems referred to the Clinic. Both the teaching programs of Simmons School of Social Work and Boston University School of Social Work have continued in the same scope as before, with two Simmons students and six Boston University students.

Under the aegis of social work, the program of family aides in conjunction with Northeastern University has continued. Volunteers were serving mostly in the capacity of home visitors, primarily to ascertain something about the interaction taking place in multi-problem families, which is sometimes hard to assess in an office setting.

A major task of the Outpatient Clinic was the treatment and care of 11 day students enrolled in the Arlington School under Chapter 750 of the General Laws of the Commonwealth of Massachusetts for emotionally disturbed pupils. The care-taking of these disturbed youngsters was a major interdisciplinary task, carried out jointly with the Arlington School staff, many of the hospital residents, some psychologists and social workers as well. As of September, 1968, Arthur J. Cain, M.D., the visiting staff psychiatrist to the Outpatient Clinic, has agreed to consult on a regular basis with this 750-Program for the day students.

The medical staff of McLean Hospital has contributed generously of their time to the work of the Outpatient Clinic. A well established program for individual psychotherapy under supervision has now become a matter-of-course as well as a program in group psychotherapy involving residents, psychologists, social workers and some members of other professions. The program in family therapy,

initiated and ably assisted by Marvin Snider, Ph.D., Associate Psychologist, has continued to render this specific service in situations where family therapy was indicated. Two third-year residents were assigned to the Outpatient Clinic for a major part of last year and have contributed to expand the Clinic services, particularly in the area of some emergency service, pharmacological treatment of major psychiatric disorders and short-term psychotherapy, sometimes including crisis intervention. Present plans are for continued assignment of senior psychiatric residents to the Outpatient Clinic.

A research project came into full operation during the past year. The National Institute of Mental Health had granted the McLean Outpatient Clinic funds to conduct a research program about adolescents in crisis. With Irving Kaufman, M.D., as senior psychiatrist and Richard Bonier, Ph.D., as guiding psychologist, a considerable body of data has been gathered to date. Approximately thirty crisis situations were investigated by the clinical research staff, John B. Spillane, M.D., Marvin Snider, Ph.D., and Lynn Carp, M.S.S. Dr. Bonier presented methodological considerations on research with adolescents at the Annual Convention of the American Psychological Association. Recently Miss Carp was replaced by Penelope Tyson, S.M. The research project promises several interesting findings. To date we are most certain about the method of crisis intervention in adolescents: namely a team family approach involving both individual interviews and conjoint family sessions.

An added function in line with the Clinic's interest in the problems of adolescents has become that of consulting. The public school system of the Town of Lexington has asked the Clinic as an institution to serve as consultants to its guidance counsellors and professionals. In a once weekly session the Clinic staff has rendered this service on location in the Lexington Public Schools Building. A trend is, hopefully, established with this which will bring the McLean Outpatient Clinic ever closer to the communities it serves and their professional and non-professional agents.

As in the past, we have been fortunate enough to count on the support of the Nathan H. and Sarah A. Gordon Philanthropic Trust. The financial aspects of Outpatient Clinic work are notoriously difficult, and the McLean Outpatient Clinic's predicament has been no exception. While patient fees have contributed a generous share to the Clinic's operation, there is still a continued sizeable

deficit to be anticipated. The state funds under Chapter 750 helped in part as did the contribution from the United Fund. Yet, some considerable funds still have to come from McLean Hospital itself to cover the expenses of an operation which has now become of sizeable stature. The Outpatient Clinic will need to continue to maintain its standards of excellent performance to justify the expenditure of hospital and training funds.

JACOB CHRIST, M.D.
Psychiatrist in Charge
Outpatient Clinic

Report of the Hospital Population and Statistics

1967-1968

1. There were five more patients on the hospital's books at the end of this year as compared to the beginning of the year (Table I). However, there were twelve fewer patients actually *residing* in the hospital at the end of the fiscal year. One reason for this was that there were 116 patients on visit (and so still on the hospital's rolls), an increase of 17% (17 patients) over the beginning of the year. This increase in the number of patients on visit continued a trend, noted over the past several years, of not discharging patients until they have been residing outside the hospital for some period of time. One result of this trend is that less than two-thirds of all patients on the hospital's books at the end of this year actually were residing in the hospital.

Admissions this year again were at their lowest since fiscal year 1958-1959, at which time the total patient population in the hospital also was much lower. Compared to last year, six fewer patients were admitted this year (Table I). The number of patients discharged this fiscal year came to one more than last year. However, because of the above mentioned increase in the number of patients on visit from the hospital, the number of patients *serviced* by the hospital has steadily increased, while the number of patients admitted and discharged within a fiscal year has steadily decreased. The continued trend for fewer admissions and discharges per year than there were several years ago (in the face of an increasing census) also suggests that patients are staying in the hospital somewhat longer than they have in the past. This can be verified in Table III, which shows that the proportion of patients with long-term discharges (in the hospital for more than one year) was 28%, compared to last year's 23%. This increase in length of time prior to discharge was at the expense of hospital stays of 6 to 12 months, which came to 18% this year compared to 27% for last year. Yet, the median length of time spent by patients in the hospital prior to their discharge was just short of 6 months this

year, which is unchanged from last year's median length of stay. Also, approximately 75% of all patients discharged this year still had a stay of one year or less, a percentage relatively unchanged for the past few years.

The proportion of male to female patients in the hospital at the end of this year increased 2% for males compared to last year (Table I). Over the years the male to female ratio generally has been unchanged, usually being in the vicinity of two males admitted and discharged to every three females.

Several years ago McLean started admitting many more adolescents than in the past. This year there again was a very large increase in adolescent admissions, ages 13 to 20, which resulted in 33 more adolescent patients on the hospital rolls by the end of the year (Table I). While in past years the increase in adolescent patients had been more evenly distributed between male and female patients, this year the increase predominantly was for male adolescent patients.

As in recent years, the largest percentage of patients admitted to, discharged from, and residing in the hospital at the end of the year was for patients diagnosed as having a schizophrenic reaction, while the next largest percentages were for patients with a psychoneurotic reaction or with a personality disturbance (Table I). The proportions of our hospital's patients in the various diagnostic categories have been relatively unchanged for several years. Some increase this year in patients with an adjustment reaction or with a psychoneurotic reaction probably reflects the increase in adolescent patients this year.

2. Table IIa shows that almost half of all patients admitted this year were experiencing their first admission to McLean after having had a prior admission to another hospital. This proportion (42%) is unchanged from last year but higher than in former years, when it had been from 30% to 35%. Readmissions to McLean this year again decreased both in number and in percent from prior years. This year readmissions only constituted 21% of all admissions to McLean, while in prior years they averaged about 30%. The largest drop in readmissions continues to be in the 41-50 year group (Table IIc).

As in recent years, over half of the patients who either were experiencing their first hospitalization anywhere, or else were experi-

encing readmission to McLean, were admitted to McLean from home (Table IIa). In contrast, patients admitted for their first McLean admission but who had a prior hospitalization not at McLean, were equally divided between being admitted from home and from a psychiatric hospital. As in the past, females more frequently were admitted from home or from a general hospital, while males more frequently were admitted from a psychiatric hospital.

The various diagnostic groups were not equally distributed as to type of admission to McLean (Table IIb), and the inequalities followed the same trend as in the past. Patients with chronic brain syndromes continued to be higher on first admissions to any hospital than they were on other admission categories, as were patients with psychoneurotic reactions or with adjustment reactions. Schizophrenic patients continued to be higher on readmissions than on first admissions, as were affective patients. The most even distribution for type of admission was for patients with personality disorders.

As would be expected, younger patients (13-20) constituted the largest number of first admissions to McLean Hospital or to any hospital (Table IIc), and one of the lowest McLean readmission proportions. The highest proportions for readmission were for patients 21-30 and 31-40 years of age, while the 21-30 year-old group also continued to be high on first McLean admission.

3. The majority of patients discharged this year (54%) were home destined (Table IIIa). A much smaller, but still appreciable percentage of patients (18%), were discharged to another psychiatric hospital or to a psychiatric ward of a general hospital. These percentages were relatively unchanged from the past few years.

The distribution for condition of patients at the time of discharge has remained relatively similar over the past few years: about 75% of the patients showed some improvement on discharge and about 25% showed no improvement (Table IIIb). However, both the "much improved" and the "recovered" categories this year each showed a 5% increment over last year. It also must be remembered that a patient's condition at time of discharge from the hospital rolls is not usually his condition at the end of treatment, since most patients continue in treatment for some time after hospital discharge. Proportionately more females than males were discharged as "much improved"; this has been the trend over many years.

Some discussion of length of hospitalization already appeared

under section one. We wish here to point out that some categories for length of stay have wide limits, such as 1-2 years or 2-5 years (Table IIIc). In each instance, this year, the length of stay for patients clustered at the shorter end of the category (e.g. of the 25 patients discharged between 2 and 5 years, 18 of them were discharged prior to 3 years). Thus, while long-time stays before discharge has increased in the hospital, the increase has not been quite as much as might be suggested from the category groupings of Table IIIc.

NORBETT L. MINTZ, Ph.D.
Associate Psychologist

TABLE I — PATIENT POPULATION 1967

CHARACTERISTIC		Beginning of Year October 1, 1967				Admitted During Year			
Total Number		In Hospital — 216 On Visit — 99		315			305		
SEX	Male	119		39%		128		42%	
	Female	196		61%		177		58%	
AGE		Male	Female	Total	% of Total	Male	Female	Total	% of Tot
	13-20	31	32	63	20	52	46	98	32
	21-30	31	53	84	27	33	42	75	25
	31-40	15	41	56	18	15	23	38	12
	41-50	8	17	25	8	10	22	32	11
	51-60	7	13	20	6	3	14	17	6
	61-70	12	16	28	9	9	10	19	6
	71-80	11	11	22	7	4	12	16	5
	81-Up	4	13	17	5	2	8	10	3
		119	196	315	100	128	177	305	100
DIAGNOSES									
Acute Brain Syndrome		3	1	4	1	6	0	6	2
Chronic Brain Syndrome		13	18	31	10	9	15	24	8
Mental Deficiency		0	0	0	0	0	0	0	0
Involutional Psychotic Reaction		1	3	4	1	0	8	8	3
Affective Reaction		8	23	31	10	7	20	27	9
Schizophrenic Reaction		59	100	159	50	48	56	104	34
Paranoid Reaction		0	2	2	1	0	1	1	#
Psychophysiological Reaction		0	2	2	1	0	0	0	0
Psychoneurotic Reaction		10	15	25	8	17	27	44	14
Personality Disturbance		19	26	45	14	17	39	56	18
Adjustment Reaction		6	6	12	4	22	11	33	11
Other		0	0	0	0	2	0	2	1
		119	196	315	100	128	177	305	100

# Indicates less than 1%.

* This "impossible" result was brought about when one male patient's established diagnosis was changed to Involutional Psychosis upon discharge, thereby resulting in two such patients being discharged in this fiscal year, although only one of them was in the hospital at the beginning of the year and none were admitted during the year.

SPITAL

8 BY SELECTED CHARACTERISTICS

harged During Year			Remaining at End September 30, 1968				Change During Year			
300			In Hospital — 204 On Visit — 116		320			—12 +17		+5
39%			130		41%			+11 — 6	+2% —2%	
61%			190		59%					
Female	Total	% of Total	Male	Female	Total	% of Total	Male	Female	Total	% of Total
37	65	22	55	41	96	30	+24	+ 9	+33	+10
41	73	24	32	54	86	27	+ 1	+ 1	+ 2	*
34	50	17	14	30	44	14	— 1	—11	—12	— 4
21	32	11	7	18	25	8	— 1	+ 1	0	0
17	22	7	5	10	15	4	— 2	— 3	— 5	— 2
12	25	8	8	14	22	7	— 4	— 2	— 6	— 2
8	16	5	7	15	22	7	— 4	+ 4	0	0
13	17	6	2	8	10	3	— 2	— 5	— 7	— 2
183	300	100	130	190	320	100	+12	— 7	+ 5	0
1	3	1	7	0	7	2	+ 4	— 1	+ 3	+ 1
13	29	10	6	20	26	8	— 7	+ 2	— 5	— 2
0	0	0	0	0	0	0	0	0	0	0
5	7	2	—1*	6	5	2	— 2	+ 3	+ 1	#
25	32	11	8	18	26	8	0	— 5	— 5	— 2
72	119	40	60	84	144	45	+ 1	—16	—15	— 5
0	0	0	0	3	3	#	0	+ 1	+ 1	#
2	2	#	0	0	0	0	0	— 2	— 2	— 1
18	29	10	16	24	40	12	+ 6	+ 9	+15	+ 5
37	57	19	16	28	44	14	— 3	+ 2	— 1	#
10	21	7	17	7	24	8	+11	+ 1	+12	+ 4
0	1	#	1	0	1	#	+ 1	0	+ 1	#
183	300	100	130	190	320	100	+11	— 8	+ 3	0

TABLE II — ADMISSIONS 1967-1968
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A: SOURCE	*1st to Any* M	F	T	%	*1st to McLean* M	F	T	%	*Readm. to McLean* M	F	T	%	*Total Admissions* M	F	T	%
Home	28	43	71	63	20	30	50	40	13	25	38	58	61	98	159	52
General Hospital	5	11	16	14	1	3	4	3	3	1	4	6	9	15	24	8
Psychiatric Hospital	2	2	4	4	30	30	60	47	1	4	5	8	33	36	69	23
Other and Not Determined	11	11	22	19	6	7	13	10	8	10	18	28	25	28	53	17
Total	46	67	113	100	57	70	127	100	25	40	65	100	128	177	305	100
		37%				42%				21%				100%		
SCHEDULE B: DIAGNOSIS																
Acute Brain Syndrome	4	0	4	3	0	0	0	0	2	0	2	3	6	0	6	2
Chronic Brain Syndrome	7	10	17	15	1	2	3	2	1	3	4	6	9	15	24	8
Involutional Psychotic Reaction	0	2	2	2	0	4	4	3	0	2	2	3	0	8	8	3
Affective Reaction	0	5	5	4	4	6	10	8	3	9	12	19	7	20	27	9
Schizophrenic Reaction	12	17	29	26	25	24	49	38	11	15	26	40	48	56	104	34
Paranoid Reactions	0	0	0	0	0	1	1	1	0	0	0	0	0	1	1	#
Psychophysiologic Disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychoneurotic Reactions	6	14	20	18	5	11	16	13	6	2	8	12	17	27	44	14
Personality Disorders	5	13	18	16	11	17	28	22	1	9	10	15	17	39	56	18
Adjustment Reaction	11	6	17	15	11	5	16	13	0	0	0	0	22	11	33	11
Other	1	0	1	1	0	0	0	0	1	0	1	2	2	0	2	1
Total	46	67	113	100	57	70	127	100	25	40	65	100	128	177	305	100
		37%				42%				21%				100%		
SCHEDULE C: AGES																
13 — 20	18	26	44	39	32	16	48	38	2	4	6	9	52	46	98	32
21 — 30	8	8	16	14	15	25	40	31	10	9	19	29	33	42	75	25
31 — 40	6	7	13	12	3	6	9	7	6	10	16	25	15	23	38	12
41 — 50	5	7	12	11	2	11	13	10	3	4	7	11	10	22	32	11
51 — 60	0	4	4	3	0	5	5	4	3	5	8	12	3	14	17	6
61 — 70	5	5	10	9	3	2	5	4	1	3	4	6	9	10	19	6
71 — 80	2	5	7	6	2	3	5	4	0	4	4	6	4	12	16	5
81 — Up	2	5	7	6	0	2	2	2	0	1	1	2	2	8	10	3
Total	46	67	113	100	57	70	127	100	25	40	65	100	128	177	305	100
		37%				42%				21%				100%		

McLean Hospital

Table III

Discharges 1967-1968

By Sex and Selected Other Characteristics

A. DESTINATION	Male	Female	Total	% of Total
Home (Parental or Marital)	55	105	160	54
Psychiatric Hospital (or Psychiatric Wing of General Hospital)	18	35	53	18
General Hospital or Nursing Home	8	7	15	5
School	4	5	9	3
Foster Home	2	5	7	2
Deceased	4	6	10	3
Own Apartment	16	14	30	10
Other and Not Determined	10	6	16	5
Total	117	183	300	100
B. CONDITION				
Recovered	9	16	25	8
Much Improved	17	44	61	20
Moderately Improved	26	36	62	21
Slightly Improved	33	35	68	23
Unimproved	25	40	65	22
Worse	3	4	7	2
Deceased	4	8	12	4
Total	117	183	300	100
C. LENGTH OF HOSPITALIZATION				
1 — 10 Days	3	10	13	4
11 — 30 Days	9	18	27	9
31 — 90 Days	30	44	74	25
91 — 180 Days	23	27	50	17
181 — 365 Days	20	33	53	18
1-2 Years	15	27	42	14
2-5	12	13	25	8
5-and over	5	11	16	5
Total	117	183	300	100

Report of the Department of Patient Education

Arlington School

NOW that the core curriculum and basic curricular approaches of the school are fully established, the staff have increasingly emphasized the development and refinement of academic approaches to individual students and the enrichment of the academic and extracurricular program.

The programs in research, in-service training, and the use of the services of local libraries, museums and other ancillary educational institutions were continued and elaborated.

The trend toward increasing enrollment continued, with 55 students enrolled in Fall, 1968, an increase in day-attendance of former in-patient students (now 8) and an increase from 10 to 14 students under the Massachusetts Law 750 program.

Expansion of the Program

The expansion of the academic program continued with the institution of a summer enrichment program in 1968 and the inclusion of many of its features in the regular school year session. Summer courses were offered in:

Urban Problems
Scientific Models
Media of Communication
Literature of Social Conflict

The Media course was added to the Fall program, and some of the approaches developed in the others found their way into the courses in the regular curriculum. In addition, the use of the games *Convention* and *Election* in Media and urban problems preceded the use of these and other games (*Propaganda* in English and *Crypto* in Mathematics) in the regular program.

Assemblies

The school's program of assemblies and related enrichment ac-

tivities included (Fall 1967 to Spring 1968) these special events at the school, in Pierce Hall, or in the Chapel:

The NASA Spacemobile — Lecture Demonstration
Robert and Rosalind Koff — Lecture Recital of Harpsichord and Violin Music from 1570-1770
Tony Saletan — Lecture Recital, Voice and Guitar, of International Folk Music
Anne Bernays — Novelist (her second visit to the school)
Joe Cohen (Lute)and Dorothy Barnhouse (Voice) — Lecture Recital of Renaissance Songs and Dances
E.J. Kahn — Lecture-Discussion of his job as a journalist on the staff of the New Yorker

Field Trips (Fall 1967 to Spring 1968)

Drumlin Farm
Charles Playhouse
Theatre Company of Boston
Loeb Drama Center
McLean Research Laboratory
Boston Public Library
Boston Museum of Fine Arts
Touring Company of Moliere's "Le Bourgeois Gentilhomme"

Field Trips (Summer 1968)

Boston Museum of Science
Boston Museum of Fine Arts
Loeb Drama Center — Genet's "The Balcony"
Agassiz Theatre — "A Midsummer Night's Dream"
The Boston Globe
The De Cordova Museum, Surrealism Exhibition

College Level Examination Placement Program

The CLEP program, inaugurated in September 1967, continued into the Spring, Summer and Fall of 1968 with these courses:

Analysis and Interpretation of Literature
Drama
Introductory Sociology
Introductory Psychology

The instructors were from the Harvard Graduate School of Education, the Social Relations Department of Harvard, Boston Univer-

sity and Fisher Junior College. In the Spring nine students were enrolled, 14 in the Summer, and nine in the Fall. In May, 1968, four students took the CLEP exam in English. The CLEP exams, with a score range like that of the College Boards, from 200 to 800, are accepted now for credit in over 100 cooperating institutions, in comparison with the approximate 50 who first agreed to consider giving credit on the basis of performance on these exams.

Guidance to Further Education

Twelve students in the High School program took College Board Scholastic Aptitude Tests during 1967-1968 with scores ranging from 298-636 (Mathematics) and 400-665 (Verbal). (See Table II.) These scores are as good or better than those of the typical U.S. college candidate. Seniors were accepted by:

Boston University
Colorado Womens College
Emerson College
Pine Manor Junior College
University of Massachusetts, Boston
Washington University, St. Louis

Research

The research program continued under Francis de Marneffe, M.D., Director of McLean Hospital, Helen Kenney, Ed.D., Associate Psychologist, McLean Hospital, and William Kvaraceus, Ed.D., Research Associate in Education, McLean Hospital. Dr. Kenney and Dr. Kvaraceus are also on the faculty of Clark University. The three-year research and demonstration project "Improving and Assessing Materials and Methods for Teaching Emotionally Disturbed Adolescents" was completed in June, 1968. The report is at present in preparation and evaluation.

In Fall, 1968, a project under the National Institute of Mental Health in the use of Games and Games Theory in the classroom got underway; some of its practical results in the educational program are mentioned above.

Commencement

On Tuesday, June 11th, 1968, 10 students were graduated and four others received certificates of completion of studies (these to

receive the diploma upon presentation of one more high school credit). The diplomas were presented by Mr. Ralph Lowell, Honorary Trustee and Member of the McLean Committee. The Invocation and Benediction were offered by the Reverend George Carrigg of the Family Counseling and Guidance Centers, Inc., Boston. Mr. John W. McGrath, Superintendent of the Belmont Public Schools, was the Commencement Speaker. This was the third Arlington School Commencement, and the second held in the McLean Hospital Chapel.

As in the two previous years, a luncheon, ably catered by the Dietary Department, was served to the graduating seniors, their families and guests, and members of the McLean staff involved with the school and the graduating class.

Visitors, In-Service Training and Professional Development

As part of the professional development program, weekly seminars continued with Thomas Frank, M.D., as well as meetings with members of other professions involved with adolescents, and discussions with them of the implications of their professional perspectives on educational programs.

Two distinguished educators in particular, John Holt and Edward Yeomans, met with the faculty. Mr. Holt and the faculty discussed the commonalities and differences between Mr. Holt's and their goals and methods; Mr. Yeomans discussed and showed slides of his recent extended visit to the "open structure" schools in many parts of England, particularly Leicestershire.

Mr. Edward Ryerson, Headmaster of the Palfrey Street School, was chairman at a meeting at the Arlington School of faculty representatives of various "new" schools in the greater Boston area (the Arlington School, the Palfrey Street School, the New School in Roxbury, the Fayerweather Street School and the Charles River Academy) to discuss common goals and problems.

John Dunn, M.A., Headmaster, attended the annual meeting of the Association of College Admissions Counselors, and ranged, in the interest of college placement of Arlington School students, as far as California Western University (now renamed the United States International University) in San Diego. Dorothy Wever, A.B., Dean, represented Mr. Dunn at the annual conference of the National Association of Principals of Schools for Girls and Ken-

neth McElheny, M.A., participated in the annual College Board Advanced Placement Reading (English).

Staff Additions

Joseph Cote, B.A., Harvard University, comes to the school after a career in the Navy ending as a Commander; he is teaching Math, U.S. History and General Science.

Gail Eaton, B.A., Simmons, M.A., University of Wisconsin, has two years of experience teaching in Maryland Public Schools and one year with the Public Relations Department of McLean; she teaches 10th grade English, Ancient History (9th grade) and Afro-Asian History (12th grade).

Abner Genece, B.A., Simon Bolivar University, Haiti, has considerable experience in the Romance languages, and as a library administrator at Brandeis University; he teaches French and Spanish.

Pamela Marland, B.A., Wheaton College (Massachusetts), spent some time as assistant to Dean Cotton of the Harvard Graduate School of Education. At Wheaton, she was editor of the literary magazine. She teaches 12th grade English and U.S. History.

William Redpath, B.A., Yale University, M.A., Cambridge, England, and soon to receive the degree of doctor of fine arts at the Yale School of Drama, taught in the CLEP program at the Arlington School, and Western Civilization at the Massachusetts Bay Community College before joining the staff here. He is now teaching Media of Communication, Creative Writing, and Western Civilization.

Lesley Straley, B.A., Brandeis University, teaches the Arlington School Music Courses, now two instead of one, with one course for 9th and 10th graders, the other for 11th and 12th graders.

Mrs. Wever is on a leave of absence for 1968-1969 to earn her masters degree at the Harvard Graduate School of Education; Mr. McElheny is acting as Dean.

JOHN F. DUNN, M.A.
Headmaster, Arlington School

TABLE I — ENROLLMENT, COURSES, STAFF

Students	Fall '67 High School	Fall '67 CLEP	Spring '67 High School	Spring '67 CLEP	Summer '68 High School	Summer '68 CLEP	Fall '68 High School	Fall '68 CLEP
Full program	43		53		29		55	9
Partial Program	10	11	2	9	1	14	1	
Tutorial	2		2		8	2	2	2
Total	66		66		54		69	
Courses offered	28	2	29	2	4	2	31	2
Average class size	6.3	5.5	6.3	4.5	7.1	7	7.6	4.5
Staff								
Full-time faculty	10		10		7	2	9	
Part-time faculty	5	2	5	2		1	4	2
Tutors (outside)	1		1				2	
Secretary	1		1		1		1	
Total	19		19		11		19	

TABLE II — COLLEGE BOARD EXAMS
Scholastic Aptitude Scores 1967-68

Scores	*Verbal*	*Mathematics*
700-799	0	0
600-699	3	1
500-599	5	2
400-499	4	4
300-399	0	4
200-299	0	1
	12	12

Report of the
Laboratory of Clinical Physiology

THE past year has seen the achievement of several important advances as work long in progress began to come to fruition. This work has involved chiefly the indole pathway of catecholamine metabolism.

One study, made in collaboration with R.J. Wurtman, M.D., of Massachusetts Institute of Technology, has shown that the blood plasma of the more than 100 persons studied contained the enzyme that tranforms epinephrine to the toxic indole adrenochrome. No person studied was found to be without this enzyme. This work supported and extended the previously-reported demonstration of the existence of the indole pathway of epinephrine metabolism in human blood.

The toxic effects of adrenochrome on metabolic processes, already noted by previous observers, were worked out in greater detail, partly in collaboration with Norman Fortier, Ph.D., of the Blood Research Laboratory, Chelsea Naval Hospital. These toxic effects of adrenochrome have been studied extensively on the human tissue most readily available, i.e., the blood cells. Using methods devised for this purpose by Zoltan L. Hegedus, M.A., studies carried out mainly by him showed that the cells of schizophrenic patients are far more susceptible to the damaging effects of adrenochrome than are the cells of normal persons. Whether this striking abnormality is a cause or an effect of the disease is not evident at the moment. It is of interest, however, that non-psychotic persons with severe wounds show similar but less marked changes, as a collaborative study with C. R. Valeri, M.D., of the Chelsea Naval Hospital revealed.

Another highly important study made here by means of the Hegedus method, showed that catecholamines other than epinephrine follow similar pathways in human blood. These findings open a new field of biochemistry, that of plasma-soluble melanins and of their effects on tissue cells. The findings have aroused the interest of biochemists and pharmacologists as well as clinicians interested in stress, mental disease, and Parkinson's disease.

It is evident that the development of methods of study and the establishment of methods of synthesizing some of the chemicals to be studied have resulted in a rapid accumulation of important data, both in this laboratory and in other laboratories that have adopted them. Collaborative studies with these other laboratories have not only made possible the extension of the studies but have also resulted in independent corroboration of the findings of this Laboratory. This is not to say that a period of harvesting has completely replaced the period of sowing. Both must go on simultaneously, a fact that will put additional burdens on the limited facilities of this Laboratory.

In addition to the large amount of work on the metabolism of indole derivatives of catecholamines carried out here, the study of pineal fractions, in collaboration with Aaron B. Lerner, M.D., of Yale University, has been pursued energetically. There has been some progress but no end appears yet at hand.

In all this work the Laboratory has been greatly aided by the faithful performance of the technicians, Mr. Ullhas Nayak, M.A., and Mr. Joseph Giancola.

The Laboratory continues to perform educational functions. Its strategic location encourages informal consultations, which annually number several hundred. Approximately 30 formal sessions were held with Harvard Medical students. Harvard College students have come here either in a voluntary capacity or assigned as part of their tutorial work.

MARK D. ALTSCHULE, M.D.
Consultant on Research in Clinical Physiology

Report of the Director of Scientific Research

MENTAL disease is one of the greatest problems confronting us today and it is self-evident that all efforts should be made towards its alleviation and eventual cure. This has been a long standing concern of McLean Hospital and, as part of it, since the turn of the century the Hospital has been engaged in an effort to study nervous and mental diseases by the tools of the basic medical sciences. Since its establishment in 1946, the Research Laboratory has discharged this function by means of a long range program of biochemical and neuropathological studies.

The progress made during 1968 was reviewed by the Advisory Committee to the Director of Scientific Research on January 31, 1969. Is is described here under the two headings, Biochemical Studies, reported by the undersigned, and Neuropathological Studies, reported by Alfred Pope, M.D.

STAFF—During 1968 Risto Bokonjic, M.D., Kohei Hayashi, M.D., Afzal A. Khan, Ph.D., and Raymond J. Lasek, Ph.D., finished their periods of stay at the Laboratory according to schedule. Dr. Bokonjic returned to the University of Sarajevo, Yugoslavia, where he is now occupying the chair of Neurology.

There was a significant addition to the staff: Gwendolyn M. Sherman, Ph.D., who joined in August as Assistant Biochemist. Dr. Sherman, who is trained in the use of physical techniques, brings new skills to the staff.

With these changes the Research Laboratory staff comprised, at the *end* of 1968, 15 professional people, 13 research assistants, three laboratory assistants, five secretaries and one photographer—a total of 37 people, which represents two persons less than at the end of 1967. This small decrease reflects mainly the difficulties encountered by desirable post-doctoral candidates to secure fellowship support because of the general shortage of research funds.

During the year the Laboratory received grants-in-aid from the National Institutes of Health in the amount of $407,731 and a grant for $4,305 from Scottish Rite Committee for Research in Schizophrenia. To these sums should be added about $43,000 available from grants awarded in previous years by the National Institutes of

Health and the Ford Founadtion, bringing the total made available by outside grants to $461,202. This compares with $442,597 available during 1967, the slight increase reflecting mainly increases in salaries and cost of supplies. In addition the program of the Laboratory was strengthened by the award to Joseph Eichberg, Jr., Ph.D., of an Established Investigatorship for five years by the American Heart Association.

Biochemical Studies

The activity of the billions of cells that constitute nervous tissue is mediated for each cell by its membranes, and membranous structures play an equally important part in delimiting and determining the functions of subcellular organelles. The unifying theme of the biochemical work of the Research Laboratory during 1968 has been, as in recent years, the study of these neural membranes. The actual work has dealt with the biochemistry of *proteolipids, neurokeratin* (trypsin resistant protein residue, TRPR) and *polyphosphoinositides* (PPI) three interrelated components of the myelin sheath and possibly other membranes, and with the biochemistry of *gangliosides* and related compounds, which appear to be components of neuronal membranes, specially of synaptic membranes. In each case the work has dealt with the study of the isolated substances, and complexes thereof, their metabolism, their native state, and their changes with age and in disease.

Proteolipids, neurokeratin or trypsin resistant protein residue (TRPR) and *polyphosphoinositides* (PPI) appear to be components of the same basic macromolecular species in myelin. Jointly they constitute over one half of the myelin proteins, and account for bulk of the *triphosphoinositide* (TPI) and *diphosphoinositide* (DPI) in the tissue. A similar complex is most likely a basic component of mitochondria, but its amount is much smaller than the amount in myelin.

Doctors Folch, Bokonjic, Hayashi, and Francisco Gonzalez (Sastre), M.D., have worked on various aspects of the overall problem of finding conditions for the isolation of the proteolipid, TRPR and PPI complex that is present in myelin. In the classical extraction of tissue with chloroform:methanol, proteolipids are found in the chloroform:methanol extract, TRPR in the chloroform:methanol-insoluble tissue residue, and PPI is distributed between the two, about 1/6 in proteolipids and 5/6 in TRPR. It has been found that

by changing the conditions of extraction, TRPR, proteolipids and PPI are found in the extract.

The exact nature of the changes that determine this increased efficiency in the extraction process has not yet been fully elucidated, but salt concentration in the medium plays a major part. Thus, KCl must be added at the time of the extraction, to insure complete extraction of PPI. From these extracts, a protein-PPI fraction can be obtained by simple exposure to 0°: a precipitate is formed which accounts for essentially all of the PPI present in the extract, and also for the bulk, if not all, of the tissue PPI.

This observation is now being refined into a method for the rapid preparation of PPI.

Since proteolipids and TRPR are chemically similar, their relationship is a puzzle. The newly found solubility of TRPR in CM under the proper conditions suggests its identity with classical proteolipids; on the other hand, its ready insolubilization upon simple precipitation is a characteristic diametrically opposed to the behaviour of classical proteolipids.

As part of this work, Doctors Gonzalez and Folch have developed a simple method for the identification and quantitative estimation of triphosphoinositide (TPI) and diphosphoinositide (DPI) by thin layer chromotography. This method has provided a tool basic to all the work on PPI.

In a parallel line of study, Dr. Folch has explored the use of counter-current distribution to the isolation of lipids in general and of proteolipids in particular. He has found that a biphasic system that had been developed earlier in which the two phases have very similar solvent powers, and separate very readily, is quite adequate for the fractionation of the total lipid-proteolipid mixture obtained from brain by CM extraction. In this system, lipids and proteolipids are separated from each other mainly on the basis of their respective polarities, the most polar lipids moving first in the counter-current distribution train, while the least polar substances, which include proteolipids, move at the slowest rate. It has been found that by this procedure proteolipids can be separated rapidly from free lipids. It has also been found that some lipids combine reversibly with proteolipids, affecting the distribution coefficient of proteolipids between the two phases of the system. Among the lipids that have this property are the sulfatides. This finding has been further

elaborated by Marjorie B. Lees, Ph.D., who had made a similar observation several years ago.

During the year Dr. Folch prepared a "water soluble" *proteolipid apoprotein,* i.e., the lipid-free moiety of proteolipids, by a method much milder than the one that had yielded similar products earlier. These earlier products were soluble in water at pH's below 4, and their aqueous solutions showed substantial light scattering. By comparison, the product obtained by Dr. Folch has proved to be freely soluble in water over a wide range of pH's and at high concentrations. In addition, apoprotein still containing small amounts of lipids, can be prepared in water-soluble form, although light scattering is higher than for the totally delipidated apoprotein. The availability of this apoprotein will permit the application of the methods of study of proteins to the proteolipid apoprotein.

A significant development in the work on proteolipids has been the availability of optical rotatory dispersion and circular dichroism measurements, thanks to the placing into operation of a Cary 60 spectropolarimeter by Dr. Sherman, who joined the staff in August. Dr. Sherman started her work by confirming the earlier observations of Dr. R. Zand on the high helical content of proteolipids and its disappearance when the water-soluble apoprotein is prepared. In later work she has found that the high helical content of proteolipids is preserved through successive stages of delipidation. Finally she has found that the water soluble apoprotein prepared by Dr. Folch shows a high degree of preservation of helix. The tentative conclusion from this observation is that preservation of the helix may be a condition for ready solubility in water; this is at variance with the earlier surmise to the effect that solubilization of the apoprotein in water carried as a consequence the opening up of the helical structure.

Lewis C. Mokrasch, Ph.D., has purified proteolipid apoproteins from 14 mammalian whole tissues and cellular fractions thereof. He has separated rat and mouse brain proteolipid apoproteins into major and minor fractions on Dowex 1x2 acetate. On the other hand, for bovine white matter proteolipid apoprotein, eight combinations of chromatographic systems, proteolipid derivatives and solvents have given single elution profiles with a single symmetrical protein peak. A limitation of this work is that in seven of the systems used there is an irreversible adsorption of part of the sample on the column.

The stability and compatibility relations of bovine white matter proteolipid apoprotein and derivatives has been explored to facilitate the application of methods of classical protein chemistry to this study. Generally, succinoyl proteolipid apoprotein is more stable or soluble than native or reduced apoprotein in aqueous systems. Both are soluble at pH extremes and the native protein is sensitive to salt concentration. Part of this work has been the development of a simplified procedure for the determination of carboxymethyl cystein content of alkylated proteins.

In a continuation of work on the interaction of certain amines with proteolipids, Dr. Mokrasch has been able to isolate purified radioactive proteolipid apoprotein from brains of mice injected with ^{14}C 5-hydroxytryptophane, mescaline, histidine and tirosine.

Dr. Eichberg has continued his work on beef heart proteolipids. He has obtained heart proteolipid protein at least 95% pure. The product, which is soluble in slightly acidified $CHCl_3$-CH_3OH, has been shown by polyacrylamide gel electrophoresis and N-terminal amino acid studies to be markedly heterogeneous. Aspartic acid was confirmed as the principal N-terminal amino acid.

Dr. Eichberg has developed a new method for purification of cardiolipin in good yield, from beef heart proteolipid. By his method, cardiolipin, still contaminated with up to five per cent of phosphatidylinositol, may be readily obtained.

Dr. Eichberg and George Hauser, Ph.D., have confirmed their previous observations that diphosphoinositide synthesis decreases with increasing age, while triphosphoinositide formation tends to rise in brain homogenates from older rats.

Doctors Eichberg and Mokrasch have found that in the Lowry method for protein estimation autooxidized lipids interfere significantly, particularly when a difficulty soluble protein is present together with excess lipid.

Dr. Lees' group has explored further its earlier observation that the removal of salts from the tissue results in an increase in the amount of protein extracted by CM. They have found that different anions appear to prevent this extraction at different degrees while different cations act to the same degree. They have also found that the additional protein extracted comprises both trypsin resistant and trypsin-digestible proteins.

Dr. Lees in an elaboration of previous work on the effect of lipids

on the distribution of proteolipids in a two phase system has found that sulfatides and other acidic lipids decrease the partition of proteolipids into an upper phase. Cholesterol, cerebroside, phosphatidyl ethanolamine and fatty acids have no effect. Sphingomyelin and inorganic salts (specially divalent cations) increase the partition of proteolipids into the upper phase.

In a study of the effect of pH and salts on proteolipids, Dr. Lees has found that the pK of tyrosine in proteolipids appears to be higher than normal, i.e., the tyrosine residues are "buried", and that the solubility of proteolipids in CM reaches a minimum around pH 9.

Jorge A. Leston, M.D., and Dr. Lees have continued the investigation of the nature of the SH groups in proteolipids. Their results show that there are differences in availability of SH groups, an indication that they have markedly different position in the structure of the proteolipid molecule.

Doctors Leston and Lees have succeeded in solubilizing TRPR in 8 M urea containing 0.14 M mercaptoethanol, 1% SDS containing 0.14 M mercaptoethanol or 72% phenol. This will facilitate the study of TRPR.

Dr. Hauser has continued to study the transport of inositol in rat kidney slices. The higher efficiency that had been observed in females was suppressed by gonadectomy, but reinjection with estrogens failed to restore it. Extensive studies on the metabolism of the kidney contributed much information, but failed to give a clue to the sex difference.

In a different line of work, Dr. Hauser and Jersy Hildebrand, M.D., have extended their studies on the biosynthesis of gangliosides and other glycosphingolipids. The formation of lactosyl-ceramide (CDH) from glucosyl-ceramide and UDP-galactose-1-^{3}H in rat spleen homogenates was reported last year. It was confirmed by formation of the product from labeled glucosyl-ceramide and UDP-galactose. In the course of the reaction with labeled UDP-galactose, radioactivity also appeared in other, unidentified substances as revealed by scanning thin-layer chromatograms of the chloroform-methanol soluble products. The major one has now been characterized as galactosyl-galactosyl-glucosyl-ceramide (CTH) by several criteria.

These observations support the following reaction sequence:

glucosyl-ceramide + UDP-galactose → galactosyl-glycosyl-ceramide, galactosyl-glucosyl-ceramide + UDP-galactose → galactosyl-galactosyl-glucosyl-ceramide.

A single galactosyl transferase may be involved since both reactions are located in the microsomal fraction, absolutely require Mn^{++}, are optimal at pH 6.1, depend on cutscum and are inhibited by the same sphingolipids. Under the experimental conditions used minimal amounts of CDH and CTH were enzymatically degraded. Their normal levels have been determined in spleen.

The formation of CDH has also been identified in several other tissues and studied in more detail in brain. The characteristics are similar to those found in spleen. Attempts to achieve partial purification of the enzyme have met with only limited success. Solubilization of a third of the enzymatic activity was accomplished by using deoxycholate.

The occurrence of the two reactions is also being studied in kidney homogenates from different strains of mice which have dissimilar concentrations and patterns of glycosphingolipids. Specifically, the CDH fraction is virtually exclusively either lactosyl or digalactosyl-ceramide. Kidney homogenates from all three strains studied are qualitatively similar in being able to carry out both galactosyl transfer reactions, although quantitative differences are indicated. The biosynthetic pathway of the digalactosyl-ceramide is unknown and so far neither galactosylsphingosine nor galactosyl-ceramide has been implicated.

In view of the characteristic localization of cerebroside and gangliosides within the nervous system, several enzymes involved in their formation are being assayed during maturation. These catalyze the last step in the biosynthesis of psychosine, lactosyl-ceramide and ganglioside G_{M1} and preliminary results indicate a correlation between their activity and the accretion of the two lipid classes.

Pierre J. Stoffyn, Ph.D., and Anne M. Stoffyn, Ph.D., have continued and extended their work on the chemistry of glycolipids. Specifically they have been concerned with (1) the synthesis of isomeric stearyl esters of galactose and the methylation of these derivatives by different techniques in order to determine which method might give definite proof of the structure of natural products such as cerebroside esters, (2) the synthesis of cerebroside labeled with C^{14} in the galactose moiety to be used in a study of the *in vitro* biosynthesis of sulfatides and aimed at proving definitely first, whether cerebrosides are direct precursors of sulfatides and second, whether the sulfating en-

zymatic system described by McKhann introduces the sulfate group specifically at C-3 of galactose as it is in natural sulfatides.

A study has also been undertaken of the possible use of the excellent method of methylation using methyl iodide in the presence of dimethylsulfinyl carbanion for the determination of the structure of hexosamine containing saccharides, especially glycolipids.

Along another line, the behaviour of isolated myelin and of proteolipids has been examined by electrophoresis on acrylamide gel in phenol-urea-acetic acid in the hope of obtaining information on the homogeneity or heterogeneity of proteolipid proteins and their identification in myelin.

On work dealing directly with gangliosides, Doctors Folch, Bokonjic, and Mr. Fischer, a graduate student, extended the earlier observations on the differential extraction of gangliosides according to the composition of the CM extracting mixture, and the conditions of extraction. They confirmed that in a two phase type extraction, CM 1:1 extracts gangliosides completely, and that this extraction becomes incomplete on increasing the concentration of chloroform in the two phase system, up to the point where with CM 3:1, the extraction amounts to only 10-15% of tissue gangliosides. Since gangliosides are freely soluble in either phase of the latter system, the incompleteness of extraction shows that under those conditions the native ganglioside-protein bond is not affected: the observation opens the possibility of isolating the native ganglioside-protein complex.

Doctors Gonzalez and Bokonjic studied fractions obtained from isolated myelin. They found that upon addition of salts to a CM solution of myelin, a precipitate appears which upon study appeared to correspond to the "acid-CM" extractable proteolipid described by Wolfgram, at UCLA. This proteolipid is digested by trypsin and its amino acid composition shows high concentrations of acidic and basic amino acids, i.e., it is a proteolipid quite different from the classical proteolipids. The merit of the observation is to show that Wolfgram's protein is a myelin component.

In a parallel study, myelin was extracted with 0.03 N HCl. On addition of KCl to the extract, a precipitate was obtained which proved to be a protein with the amino acid composition of the EAE producing protein isolated by Martensson. This protein gave a single band in acrylamide gel electrophoresis.

From both fractions after trypsin digestion a trypsin resistant protein is obtained which may well correspond to TRPR.

Neuropathological Studies

(This Portion of the Annual Report Submitted by Alfred Pope, M.D.)

DURING 1968 a diversity of topics were addressed in this section of the laboratory. However, as in the past, all of the investigations involved applications of the principles and techniques of quantitative histochemistry and of *in vitro* cell biology to problems of the normal and diseased nervous system.

The long range program on the microchemical anatomy and pathology of human cerebral cortex under the general direction of Alfred Pope, M.D., has continued with the result that the major phase that has been in progress for two decades is now nearly completed. During 1968 special consideration was given to studies on enzymes in normal and diseased cortex that are intimately involved in the transport of cations across cell membranes and thus with the establishment of neuronal polarization potentials. In a series of quantitative histochemical studies carried out by Larry J. Embree, M.D., the intralaminar distributions of the membrane or transport adenosinetriphosphatase activated by sodium and potassium ions (Na-K ATPase) and of a magnesium stimulated enzyme concerned with energy metabolism (Mg-ATPase) have been determined in normal human cortex (autopsy specimens). The same enzymes (Dr. Embree) and others concerned with acetylcholine turnover and with lipid and protein catabolism (Dr. Pope), as well as a series of chemical structural components (Helen H. Hess, M.D.) were also studied microchemically in the cortex of patients with clinical and neuropathologically verified Alzheimer's disease.

In normal prefrontal cortex (area 9), Mg-ATPase activity proved to be maximal in architectonic layer II and in the upper and middle portions of layer III; activity progressively decreased through the infragranular layers to reach its lowest level in the subjacent white matter. The mean cortical activity of Na-K ATPase was found to be roughly two-fold that of Mg-ATPase; its intracortical profile showed relative peaks of activity in layers I, II, IIIa and IIIc, with again a progressive decrease through layers IV, V and VI and into the subcortical white matter.

In Alzheimer's disease the mean cortical Mg-ATPase activity was

decreased 35% whereas that of Na-K ATPase was only slightly reduced or indistinguishable from normal. Among the eight classes of biochemical structural components investigated, only gangliosides showed major alterations in Alzheimer's disease cortex in which ganglioside sialic acid was reduced by 30-50% at all intracortical levels. In a single specimen showing severe neuropathological change, remarkable reductions were observed in acetylcholinesterase and in lipolytic and proteolytic enzyme activities, particularly in the supragranular layers.

The program of Dr. Hess on the microchemistry of neuronal and neuroglial cell membranes in brain and retina also continued to be active during 1968. A procedure was developed for detachment of frog retinal rod outer segments by magnetic stirring which greatly facilitates reproducible preparation of these modified neuronal plasma membrane complexes for biochemical analyses. Further purification of these organelles and studies on the biophysical properties of their active surfaces were accomplished by means of differential migration in an electrophoretic field. In addition, rod outer segments have been prepared by direct microdissection so that a number of means are now available for biochemical investigation of this significant neuronal membrane model.

The laboratory of Harvey Shein, M.D., has been concerned with studies on the *in vitro* biology of experimental brain tumors and, in collaboration with Dr. R. Wurtman (Massachusetts Institute of Technology) and Dr. J. Axelrod (National Institute of Mental Health), has carried out extensive studies on the metabolism of biogenic amines of pineal and adrenal medullary tissue cultures. These provide convenient and feasible *in vitro* models for analysing the metabolic pathways of certain amines thought to function as central neurotransmitters, and the effects of psychotropic and other drugs upon them. In particular, the influence of norepinephrine on the synthesis of the pineal hormone melatonin has been examined in detail. Norepinephrine has a profound stimulatory effect on melatonin synthesis in organ cultures which is shared in varying degrees by other phenylethylamine derivatives as well as monamine oxidase inhibitors. The experimental results suggest that the diurnal rhythm of melatonin production in the mammalian pineal is mediated via the stimulatory effect of norepinephrine on the 0-methylation step in the indole pathway. In addition it has been found that the *in vitro* incorporation of

radioactive tryptophan into protein is also enhanced in the presence of catecholamines, particularly norepinephrine.

A major activity during 1968 has been a collaborative program on the structural and enzymatic microchemistry of a series of experimental gliomas produced *in vitro* by Dr. Shein. The biochemical analyses of these glial tumors have been performed by Drs. Embree and Hess. Preliminary analyses (Dr. Hess) have been carried out as well on subcutaneous astrocyte nodules also developed in Dr. Shein's laboratory. Histologically these are composed of cells with the morphology of immature astrocytes (astro-blasts). Preliminary results have shown ganglioside concentrations in these nodules to be comparable to those of mammalian white matter and cerebrosides to those of relatively pure gray matter (human caudate nucleus).

Hamster and rat astrocytomas produced by the subcutaneous growth of virus or chemical carcinogen transformed cloned astrocytes were analyzed for Na-K ATPase (Dr. Embree) and for a series of chemical structural components (Dr. Hess). The hamster astrocytes were transformed *in vitro* by polyoma virus and the rat astrocytes were transformed *in vivo* by N-nitrosomethylurea and cloned after growth in dispersed cell culture.

Na-K ATPase activity in the two chemically induced tumors was essentially equivalent and considerably lower than that of normal brain. The two chemically induced astrocytomas gave parallel results, differing from those with the polyoma-induced astrocytomas. Both Mg-ATPase and Na-K ATPase showed higher values in the viral induced tumors than in the chemically induced ones. Histologically, the enzymatically more active polyoma-induced astrocytomas were more pleomorphic and undifferentiated than the two lines of astrocytomas induced by nitrosomethylurea.

Astrocytomas from all lines contained several fold more DNA and RNA than rat cerebral cortex or white matter. Of the other chemical constituents measured in the experimental astrocytomas, total protein concentration was somewhat higher than in the rodent gray matter; contrariwise, glycolipids (both cerebrosides and gangliosides), total phospholipids and cholesterol were all considerably lower.

Finally, a study by Dr. Lasek and Dr. Embree on the microchemical effects of severing preganglionic axons to the rat superior cervical

ganglion was completed. Significant increases in RNA levels were found in the denervated ganglia as early as one day after severing the preganglionic trunk. This change persisted for approximately 10 days. It suggests that the neurons in the experimental ganglia respond rapidly either to decreased input or to changes which occur at synpatic terminals. From 1-80 days after preganglionic section, DNA levels in the experimental ganglia were elevated indicating accumulation of non-neuronal cells in the affected tissue.

JORDI FOLCH-PI, M.D.
Director of Scientific Research

Report of the Social Work Department

WITH the assistance of Miss Catherine Conroy, Executive Assistant, a new statistical form was developed and put into use at the beginning of the fiscal year. With this new form, we were able to obtain a more definitive appraisal of the numerous services offered.

The total interview count for the year was 7113, an increase of 61 over 1967 and 8791 telephone calls, an increase of 3128 from the previous year. At the start of the year 283 cases were being carried. During the year there were 238 new cases, 83 reopened reaching 604 patients and their families, in addition to the 1053 preadmission cases.

In July, the intake service was reorganized with Barbara Schwartz, S.M., assigned almost full time and Stephen B. Bernstein, M.D., Chief Resident, taking over the medical responsibility. With his assistance, psyhiatric consultation at the hospital became more readily available to patients and their families. Once again the number of cases processed was comparable to the previous year; 1053 versus 1040. The increase of 85 interviews for a total of 285 and an increase of 390 telephone calls for a total of 2875 reflects the growing interest in personal consultations to discuss the questions and issues related to hospitalization of a relative. Because of the many requests for appointments, it was necessary for the entire social work staff to participate in this important role of facilitating admission or referring to appropriate resources elsewhere. In the last few months of the year, planning began for the development of an admission service closely related to preadmissions.

During the year a foster home statistical form was developed. It is now possible to determine at a glance where openings exist and where patients are placed. Approximately 30 patients a month live in supervised board homes. The two spaces available to McLean patients at the Rutland Corner House were constantly used.

Our joint endeavor with Boston University School of Social Work to develop an innovative approach to social work education was well received by students and staff. With Shirley Goldstein, M.S.S., as coordinator, one group work student and five case work students were

placed in the Outpatient Clinic for their first year and were assigned to the inpatient program for their second year. Two group work students and another case work student were added to the second year group. These nine second year students will work on two thesis projects under the direction of Dr. Katherine Spencer Halpern, Professor of Research, Boston University School of Social Work, and Richard Longabaugh, Ed.D., Director, Social Science Department, McLean Hospital. Associate Professor Daniel Carter, Boston University School of Social Work, who worked very closely with us, has contributed immeasurably to the success of the project. A second group of students are now placed here to continue the program for another two years.

Simmons College School of Social Work increased its affiliation and placed two second year students in the Outpatient Clinic. Ten of their students under the direction of Mollie Grob, S.M., Research Social Worker at McLean Hospital, Special Instructor in Social Work Research at Simmons College School of Social Work, and Stephen Washburn, M.D., of the Day Care Center, conducted a follow-up study of patients in the Day Care Center.

Harriet Baxter, M.S.S., consulted at a nursing home for the first six months resulting in the nursing home's decision to hire a part time social worker.

Mrs. Grob completed the interviewing on the adolescent follow-up study. With the help of a research assistant, coding of the material was begun. It is hoped that next year the data will be collated and the outcome reported.

With the resignation of Mrs. Baxter and authorization for an additional inpatient casework position, Virginia Albanese, M.S.W., and Judith Haggerty, S.M., were employed in July 1968. Penelope Tyson, S.M., accepted a position in the Outpatient Clinic in August 1968 when Lynn Carp, M.S.S., resigned.

The group work services continued under the overall direction of James Garland, M.S. in S.S., Director of Activity Therapies. Although there was a most gratifying influx of group work applicants, budgetary limitations affected hiring, and therefore only two workers, Judith Shapiro, M.S.W., and Marcia Spector, M.S.W., were employed in July, 1968. With these two appointments it was possible to expand group work services. Five ward units have had group

workers assigned to work with social and activity groups, task oriented committees and patient councils. The orientation group for new patients was reconstituted and met regularly. A total of 290 patients and their relatives were reached by the group work services.

Under the leadership of Jalna Ann Perry, M.D., a suite of rooms was furnished to enable families with children under twelve to more readily visit together. In August we were able to provide a group worker and thereby the Children's Visiting Room opened in West Cottage. Because of the limited experience, (one month) this new service will be reported next year.

Increasing numbers of both case workers and group workers participated in the group pyschotherapy program as leaders, co-leaders, or recorders. Thirteen workers were so involved.

Although there is a separate, more detailed Outpatient Department report, it is worth noting that despite the heavy increase of teaching responsibilities the social workers assigned there continue to offer extensive services to patients and families. The interview count was comparable to the previous year totaling 3190. Of 1365 cases carried, 879 received ongoing treatment.

Mrs. Goldstein, Supervisor, Outpatient Clinic, organized an Institute on Family Therapy at the Massachusetts Conference on Social Welfare in November 1967. In March 1968, at the Smith College School of Social Work, Jacob Christ, M.D., Director of the Clinic, and Mrs. Goldstein presented papers entitled "Collaboration and Conjoint Treatment of Marital Disorders". They co-authored a paper entitled "Innovation Techniques in Dealing with Psychotic Disorders in an Outpatient Clinic" which was presented at the American Orthopsychiatric Association Conference in March 1968.

Norman E. Zinberg, M.D., Consultant to the Social Work Department for many years, left in September on a Guggenheim Fellowship to the London School of Economics. We were very gratified that David Blau, M.D., who has been on the Family Therapy Committee since its inception two years ago, agreed to expand his service to the hospital and become our consultant.

Golda Edinburg, M.S. in S.S., continued as Chairman of the Institute Committee of the Massachusetts Conference on Social Welfare, and as a member of the Professional Advisory Committee of the Massachusetts Mental Health Association, and as Chairman of the

Professional Advisory Committee of the Fort Hill Mental Health Association.

In June, Mrs. Eleanor Daniels began as Executive Secretary to the Social Work Department. Her appointment has improved the morale of the social workers, as well as their ability to carry out their duties. We are most appreciative of Mrs. Daniels' helpfulness, thoughtfulness, and expertise.

GOLDA EDINBURG, ACSW
Director, Social Work Department

McLean Hospital Social Work Department

(October 1, 1967-September 30, 1968)

	Number of Interviews During Year	Number of Telephone Calls During Year
I. Inpatient		
Individual with Family	2630	3650
Conjoint with Family	1326	1251
Family Therapy	208	191
Patient	743	695
Other	171	675
Total	5078	6462
II. Day Care Center		
Individual with Family	422	386
Conjoint with Family	152	84
Family Therapy	9	1
Patient	254	245
Other	11	138
Total	848	854
III. Hall—Day Care		
Individual with Family	117	126
Conjoint with Family	21	7
Family Therapy	10	7
Patient	272	247
Other	28	143
Total	448	530
IV. Other Patients—Administrative Interviews		
Individual with Family	306	317
Conjoint with Family	80	77
Family Therapy	7	8
Patient	162	151
Other	2	105
Total	557	658
V. No Hospital Connection		
Individual with Family	156	165
Conjoint with Family	5	12
Family Therapy	1	1
Patient	10	45
Other	10	64
Total	182	287

Report of the Activity Therapies Department

THE dominant theme of the Activity Therapies program for 1968 was one of stabilization, refinement, and extension in the three main areas of individual treatment, hospital community functions, and group work on the halls.

This was our first full year of implementation of the hall activity therapist role. As mentioned in our previous report a major investment was made in direct work on wards with patient groups around social, recreational and work activities. Individual activity therapists were assigned for up to half of their time to particular halls to help the patients with the development of their social life together. This was prompted initially by the need to have better contact with hall staffs and patients, in order to do better referrals to various individual and group activity therapy programs in the various clinics. This liaison function proved to work well. The step of working with patient groups on the hall had an additional meaning which was to enable patients to confront and deal with issues of living in close quarters with their patient peers, both as a means for dealing with problems that they have in interpersonal relations and for developing ego skills to make better personal adjustments as they leave the hospital and return to their families and communities. The move was not without its complications. Although most activity therapists were well trained in their particular specialties, they had not, as a rule, had training in group dynamics or in dealing with the complex problems of remotivating groups of patients who, because of their illness and hospitalization, had lost the initiative to plan for themselves and make autonomous decisions. It was also necessary for the activity therapists to learn how to operate within the close knit and complex social system represented in the patient staff hall milieu. The success of this effort was directly reflected in (1) an increase in patient sponsored activities on the hall level such as the planning and cooking of dinners; (2) the formation of patient executive committees for dealing with daily hall problems such as bed times, use of lounge areas, negotiation of group privileges, etc.; and (3) the number of inter-hall events such as the sponsoring of an open house by one hall for other halls.

A significant factor in the establishment of a stable ego-supportive

milieu was that the hall programs such as those mentioned tended to be less sporadic than in past years, and have become a regular expectation and natural part of the ward social system. This long term regularity and expectation tends to cut down on individual isolation and create an atmosphere that can truly be called a therapeutic milieu.

Another result of the hall programs was a significant increase in the use of hospital-wide programs such as trips, dances, special interest groups and the like. The confidence that was developed on the part of individuals and groups on the wards with regard to their ability to have enjoyable experiences, and to function adequately in social situations enabled them to move out into the broader hospital community where associations could be formed with new activity therapists and with patients from other wards. An outstanding example of this hall development was on the geriatric wards. The combined efforts of Miss Doreen Hartley, occupational therapist, and the hall nursing and psychiatric staffs resulted in the development of a basement activity room which included an area for reading or socializing, one for cooking, and one for crafts in the basement of Proctor building. Patients who previously had been seen as incapable of much physicial activity or social interaction or initiative responded to the combined help of the ward staff and activity therapists to a point where they planned and carried out many of their own social events. They also became increasingly mobile within the hospital community, participated in parties with other wards, and have begun a weekly exercise and social program in the gymnasium.

We have determined that there are two principal areas in which progress needs to be made to maximize the benefits of this hall interactional program. The first of these is patient self care. Progress has been made on some wards by nursing staffs, hall activity therapists and social group workers in enabling patients to assume responsibility for the care and management of their own wards. This movement should be capitalized on and expanded. The second area is sensitization of ward staff members to the use and social-emotional significance of activities and in group dynamic process. On some wards short activity workshops for nurses and aides have prove successful and this needs to be done on a more regular basis.

It has also been helpful to us to be involved in the initial orientation of new nursing aides.

For the first time in some years we saw a sustained appearance of the patient community. A coming together around special holidays or activity events had been a fairly common occurence in the past but it had been difficult for us to sustain interest in community programs on the part of patients from different wards. This had to do partly with the fact of individualized programming for many patients and more recently to the fact that our hospital population has in recent years represented increasing diversity of age and interest. This year, however, we noted increased interest on the part of patients from various halls in working on committees to set up hospital wide dances or special events such as a "Happening" which was held in the gymnasium in the early fall, where most of the wards set up special booths for entertainment or dispensing of refreshments. The East House patients, with the help of the Job Corps, redecorated a room upstairs in their building and for several months ran a Coffee House for all patients in the hospital. More recently a representative group of adolescents, from all the halls, have begun to meet weekly as a Youth-Forum and in addition to sponsoring several trips into the community have taken responsibility for operating a weekly Coffee House in the Group Work Club Room in the gymnasium including excellent entertainment and special refreshments. This has consistently drawn between 50 and 70 persons weekly and has created a new feeling on the part of the young people in the hospital that they can come together and operate a project which is uniquely their own. The success of the community programs rested also on the fact that activity therapists did a good deal of crossing over from their own specialty areas and that we had involvement from social group workers and representatives of nursing service and the Arlington School faculty as well. The relationships that had been built up on the halls in small groups and in the class room contributed greatly to encouraging patients to try for participation on a broader scale.

Staff development to implement the hall and community programs and to increase skill and knowledge in the regular activity therapies programs continued throughout the year. Seminars for the total activity therapies staff, including case presentations and activity workshops, continued and occupational therapy and recreational therapy

both developed their own in-service training programs to enhance and expand activity skills. Group supervision was provided by the director and Jane Compton, M.S.S.A., acting supervisor of social group work, to all hall therapists. Nine members of the staff participated in leading or recording for psychotherapy groups in the Outpatient Clinic, under the supervision of Jacob Christ, M.D., and others, thus providing free service on their own time and contributing to their professional skills and knowledge. The number of professional and pre-professional students being trained in the department increased this year. This included students in occupational therapy from Tufts University and Boston University and recreational therapy students from Boston University, as well as Bennington Non-Resident Term and Massachusetts Social Work Careers programs. These people were particularly valuable to us in that they injected a freshness and energy into our programs particularly in the summer when the outdoor athletic and recreational programs speeded up so much.

The formation of the Admissions Unit provided an opportunity for activity therapists to develop more precise evaluation methods and occupational therapy, vocational rehabilitation, recreational therapy and social group work are working on specific and combined methods for assisting in the efficient and thorough evaluation of newly admitted patients with respect to their interpersonal activity and vocational skills and interests.

Occupational Therapy, under the supervision of Iris Carroll, B.A., O.T.R., experienced considerable development both in terms of the physical facility and in treatment planning. The clinic was redesigned and arranged to promote better work with small groups and individuals and create a greater feeling of order and freedom of movement at the same time. The design skills of Mr. William Balmer, occupational therapist, were very important in this move. Individual and small group work was performed on a more planned basis with specific agreements between referring doctors and nurses and occupational therapists as to how Occupational Therapy treatment would relate to other parts of the program. Although the clinic continued to be available on a "free time" basis, the aura of the Hobby Shop or a Craft-Store was largely replaced by a purposeful therapeutic design. Elaine Woldorsky, B.S., O.T.R., occupational therapist, took a summer leave of absence to work at a music and

arts camp for children and this experience contributed significantly to her work with adolescent patients here at the hospital. Miss Hartley, as was mentioned, developed the Proctor House Activity Area. Marsha Milder, B.S., O.T.R., occupational therapist, replaced Jeremy B. Jackson, B.S., who left to be married, and assumed responsibility with Miss Carroll for development of diagnostic tools for the Admission Unit. Emilie Valla, B.S., O.T.R., occupational therapist, replaced Elsilyn Berrill, B.S., and has begun development of a hospital community adult program.

Programs and facilities were greatly strengthened in recreational therapy in the past year. Consistently attended exercise classes of men and women, regular social dances appealing to varied age groups, and special supervised programs for particular ward groups continued throughout the year. A new gymnasium floor was installed and the tennis court has been expanded so that two courts will be available for the coming season. Special events such as the "Happening", referred to previously, and holiday programs continued to be organized by recreational therapy with support and cooperation from all the other activity departments as they contributed their special skills to the events. Robert Pilsbury, M.Ed., supervisor, was active in the development of a professional organization for therapeutic recreators in the New England area and participated in a conference in Seattle, Washington, for this purpose. Nancy Annis, A.B., recreational therapist, presented a paper to the McLean staff on the role of the Hall Activity Therapist which was very well received and helpful in articulating this function. Joel Davidson, B.A., recreational therapist, contributed largely to the development of the adolescent program. Paul Padlak, B.A., recreational therapist, replaced Angelo Marotta, B.A., who resigned to give more time to his restaurant business and Leslie Prouty, B.A., recreational therapist, replaced Marijayne Falwell, A.A., who left to return to school. Mr. Padlak and Miss Prouty contributed significantly to our open gymnasium and swimming programs respectively. Albert Pesso, B.A., our quarter-time psychomotor therapist, conducted training programs for activity therapies and other professional clinical staff at McLean and was increasingly sought nationally as a teacher of this dynamic new treatment method. Miss Nancy J. Olds resigned to move into the children's treatment field. Mrs. Evelyn Clark joined

our staff as a clerk aide and contributed greatly to the efficiency of our scheduling, ordering and general communications.

In Creative Arts, Mrs. Helga Haendel, supervisor, continued to contribute considerable time to the creative arts course for the Arlington School Students. Miss Octavia Chater's horseback program was expanded this summer to four horses and plans are being completed to build a new stable so that the program may be permanently broadened. Kathleen Edwards, B.S., replaced Christie Phillips, B.A., who left to be with her husband in his military assignment and assisted Mrs. Haendel in formal teaching as well as assuming the major responsibility for work with patients in pottery, silkscreening, painting, and drawing. French speaking and cultural events groups were conducted during the year by Creative Arts as well as a group on theater games.

The Music Therapy program increased its use of groups. Rachel A. Farmer, M.T.R., B.S., senior therapist, devoted a good deal of her time as a hall activity therapist in conjunction with the development of the Admission Unit in addition to her regular music teaching and therapy responsibilities. Paul D. Roberts contributed greatly to the development of the adolescent program in general in his work with small musical groups which became very proficient and provided a cultural focus for the young people in the hospital. A sophisticated system of sound equipment was completed to keep in step with the new electronic mode of music reproduction.

The Vocational Rehabilitation program was expanded significantly this year. Thomas S. Higgins, M.S., replaced Joyce Jaffee, M.Ed., who resigned to work closer to her home, as Program Coordinator and Janet Wisniewski, M.Ed., was added to our staff as Counselor. The Patient Job Corps continued under Mr. James Hope's direction to provide a regular work experience for between six to twelve men. Use of community work evaluation and training facilities expanded. The number of in-hospital jobs remained about the same although referrals for vocational rehabilitation counseling increased greatly and are imposing a heavy demand on the time of both counselors. They average 120 interviews a month, with new referrals coming at the rate of two a day. A few cases were accepted from the Outpatient Clinic to assess the need for this kind of service for the clinic. There was a small increase in follow-up counseling and this seems to be an area that needs to be seriously considered

for the future since it is in the time following separation from the hospital that the success or failure of the work situation for the ex-patient may be rather crucial. There is also need for further expansion of opportunities for patients to work within the hospital and we are continuing to investigate areas where the patients might assume more responsibility.

In the Patients' Library, the librarian, Claire Coffee, B.A., left to continue her education and was replaced by Margaret Ball, M.A. Mrs. Ball brings to the Patients' Library a professional background and training in creative writing. The use of the "Mirror" as a vehicle for literary expression increased greatly under Mrs. Ball's tutelage. Miss Ann Sexton, Pulitzer Prize winner, was engaged during the year to run a series of classes on poetry writing and these proved to be very interesting and profitable for a number of patients. The general functioning of the library as a literary resource and gathering place and as a center for creative expression was enhanced also by the fact that the librarian was allowed to devote full time to this without additional ward responsibility.

The Volunteer Department continued to contribute significantly to general hall and specific activity programs. The report is included separately.

JAMES A. GARLAND, A.C.S.W.
Director of Activity Therapies

Report of the Volunteer Department

IT is gratifying that as many as 36 new people became volunteers during this year even though little recruitment effort was made. Others who expressed interest could not be placed because of limited staff time allocated for exploring needs and for training and supervision. For some years, directing the volunteer program has been a part time assignment for the social groupworker who undertook the post. She screens prospective volunteers and provides their orientation and ongoing supervision. Each volunteer also needs to have regular supervision by a staff member who is well acquainted with his particular area of service. Thus, considerably more staff time could be invested in the use of volunteers; the optimum limits for hospital benefit and patient welfare remain to be discovered. Fortunately, interest in and allotment of time for this creative involvement of community members seems to be gradually increasing among staff.

In addition to the 36 new people, 20 others continued their service from previous years, some having been with us from eight to eleven years. Fewer than one third of the total were college undergraduates (17); the Outpatient Clinic offered carefully structured experiences to 11 graduate students, supervised as usual by social workers. The largest volunteer enterprise, about 25 Auxiliary members staffing the Gift Shop, is separately reported by Mrs. Robert H. Gwaltney, President of the McLean Auxiliary. The Gardening Club provided two open mornings a week in the greenhouse as well as a men's group two afternoons a week. Repairing and recataloging prints for the Art-Lending Library became a patient job under the direction of the Patient Librarian. Volunteer Work Supervisors made possible many patient jobs of a clerical or research nature under the guidance of Thomas Higgins, M.S., Vocational Rehabilitation Counselor. Volunteers worked with a number of actvity groups like the weekly Nature Walks, cooking groups on halls, bowling trips, basketball, French Club, or photography sessions. Some were assigned to visit individual patients on a regular basis.

Very helpful in-service training meetings were one addressed by Jacob Christ, M.D., Director of the Outpatient Clinic, and a first joint meeting with the Gift Shop Volunteers, where experienced

volunteers' role-playing brought about spirited discussion about working with patients. Special thanks go to Resident Psychiatrists Joseph H. Herzberg, M.D., Michael Sperber, M.D., and Bernard S. Yudowitz, M.D., for their interest in and guidance to the volunteer training program.

At the Annual Service Award Ceremony, the Hospital gave recognition to 48 volunteers for their contribution to patient well-being. Chief among these was the 10 year pin awarded to Mrs. Winthrop S. Jameson, Jr., Chairman of Volunteers.

DOROTHY M. MULLER, M.S.W.
Director of Volunteers

Report of the Nursing Department

1967-1968

The Nursing Service

THE goals established in previous years — a more clinically oriented Nurse with a clear concept of function and an organizational structure to ensure fulfillment of that function — have been the determinants of effort in the Nursing Department during the past year. Although the goals have yet to be fully realized, in retrospect, the effort was particularly ambitious.

The past year was very active and difficult for the Nursing Department, necessitating adjustments in excess of those usually anticipated in the normal yearly operation. Although many changes occurred in the Hospital which influenced the Department's activities, only a few were of sufficient significance to be mentioned in this report.

The Director of the School of Nursing and Nursing Service resigned her position at the end of January. The Assistant Directors of both Nursing Service and the School of Nursing continued operations of the Department along established directions in order to eliminate any potential disruption of service. Varied opinions concerning the function of the Nurse, organizational structure of the Department, and the direction Nursing should take at the Hospital, were again expressed by some of the key members of the Department. The opinions were representative of the problem that still persists throughout the Nursing Profession, viz., the role of the Nurse in the various mental health facilities. Individual and group meetings were held during the year to evaluate the different concepts, but consensus was not established between those subscribing to the different schools of thought. Increased efforts to bring about consensus will continue in the coming year.

The continuous influx of adolescent patients was felt on all clinical units except those providing care for the elderly patients. Although a distinct unit was not established for the adolescent patients, a few units had a patient group comprised almost entirely of adolescents. The complexity of providing therapeutic care and

management for this group of patients was particularly stressful to the nursing personnel. Large amounts of time were spent attempting to maintain a therapeutic milieu with a group of highly volatile individuals and the efforts proved to be an emotionally draining experience which took its toll on the nursing staff. Turnover of personnel on these units was high and thus the stability of the milieu was less effective than desired.

The increasing number of elderly patients, manifesting symptoms more commonly seen with patients on the more active units, necessitated a change in orientation and attitude of the nursing staff responsible for their care. The nursing staff, primarily accustomed to providing physical care, were prompt to respond to the needs associated with this type of patient. Despite the adjustments required by nursing personnel in both geriatric units, there was relatively little turnover of staff on either unit.

The response of the members of the Nursing Department to the many adjustments required gave testimony to their loyalty and dedication toward fulfilling the responsibility entrusted to them. Reactions which could have interfered with the provision of safe, quality nursing care, were dealt with effectively and did not discernibly interfere with that care.

On February 1, Daniel H. Lennox, R.N., M.S. in N.Ed., Assistant Director of Nursing Service, was delegated responsibility for the Nursing Service as Acting Director and Mildred C. Makin, R.N., Ed.M., Assistant Director of the School of Nursing, was delegated responsibility for the School of Nursing as Acting Director. Shortly after this change, Francis de Marneffe, M.D., Director of McLean Hospital, met with the key members of the Nursing Department as a group. Several meetings were held for the purpose of exploring concepts regarding the function of the Nurse and eliciting recommendations as to the nature and direction of Nursing in the future of the McLean Hospital. The Director of the Hospital announced plans to appoint a Search Committee which would be helpful in obtaining a new Director of the Nursing Department.

Efforts of the Assistant Director of Nursing Service were directed toward the goals previously established. Attention was given to maintaining good working relationships between the groups within the Department who subscribed to different concepts and to estab-

lish relationships conducive to attaining resolution of the problems prevalent within the Department. Although resolution of the problems was not completed, the response of the key members to work harmoniously together was highly significant.

In addition to the extra efforts of the Clinical Nursing Supervisors and Head Nurses to meet the unusual demands of the past year, the Nursing Service Supervisors were equally responsive. Although frequently short of staff, they collaborated effectively with the Head Nurses and Clinical Nursing Supervisors to provide sufficient staffing for the units and to meet emergencies with calm and dispatch.

Individual and group conferences with key members of the Department were held regularly throughout the year. The major purpose of these meetings was to maintain clarity as to the function of the Nursing Service personnel and to identify and resolve problems that interfered in the fulfillment of that function. LaVonne E. Davidson, R.N., M.S., Coordinator of Training in Clinical Nursing, met with the Clinical Nursing Supervisors weekly and reinforcement of the learning experience in "nursing process" was provided through the sharing of, and dealing with, reactions experienced in their everyday work situations. Ida Orlando Pelletier, R.N., M.A., Clinical Nursing Consultant, and Miss Davidson were continually available as resource persons for help in improving the clinical function of the Nurse and specifically to assist in clarifying the role of the Clinical Nursing Supervisor.

Efforts to improve the clinical orientation of the nurse were maintained by continuing the program in "nursing process" based on the formulations of Mrs. Pelletier. Miss Davidson accepted 20 nurses in the program during the year. Fifteen of the 20 nurses completed the program, four nurses were unable to withstand the rigors of the program, and the fifth nurse was not sufficiently challenged for the experience to be considered successful. Among the 15 nurses completing the program, three were Head Nurses. All Clinical Nursing Supervisors and Head Nurses have been trained in "nursing process". The need to provide reinforcement of the learning experience has been apparent and, although Clinical Nursing Supervisors and Head Nurses have availed themselves to some extent of the resources provided by Miss Davidson and Mrs. Pelletier, it is evident that more must be done to ensure reinforcement.

Mrs. Pelletier devoted full time to nursing research, but was available for consultation to nursing personnel. The nursing research project, "Two Systems of Nursing in a Psychiatric Hospital", directed by Mrs. Pelletier is nearing completion. A partial progress report was presented at an Academic Conference in May and another was scheduled to be presented at the 25th Annual Celebration of the Department of Psychiatry at McGill University in October.

Upon closure of the School of Nursing, Mrs. Makin was in a position of assuming other responsibilities. She helped relieve the burden of the Assistant Director of Nursing Service by assuming full responsibility for the coordination of all affiliating programs in the Nursing Department. In addition, Mrs. Makin readily took on the task of reestablishing a formal two week orientation for the Nursing Aides. This need was increasingly voiced by many throughout the year and especially by the Clinical Nursing Supervisors and Head Nurses. Wilmah Goodrich, R.N., B.A., was appointed Instructor in In-Service Education and was given responsibility for the Nursing Aide orientation classes. It is anticipated that Mrs. Makin will assume additional responsibility in the area of Nursing Service Education and will work closely with Miss Davidson.

Discussion relative to the establishment of a Nursing Service Education division within the Department has not resulted in the development of any formal plans. Whether or not a plan is incorporated does not obviate the present need to institute a formal orientation program for newly employed Staff Nurses and an ongoing in-service education program for all nursing personnel. In addition to the preceding needs for education, the need for training in group process is apparent.

The Staff Clinic Nurses continued to assist in the provision of widespread services to the Hospital employees and a prescribed limited service to the patient population. Teaching classes in emergency care to Nursing Aides was one of the additional contributions made by the Head Nurse.

Changes occurring in key positions during the past year were as follows: Katheryne D. Davidson, R.N., Nursing Service Supervisor, retired February 29, after 27 years of loyal service to the Hospital; Patricia A. Powers, R.N., M.S., Clinical Nursing Supervisor,

resigned on May 1; Margaret Warren, R.N., Head Nurse, resigned May 17; Nancy Greene, R.N., B.S., Clinical Nursing Supervisor, was granted a leave of absence July 26; Kathleen S. Barrett, R.N., B.S.N., was appointed Clinical Nursing Supervisor, July 28; John J. Grady, R.N., Ed.M., Instructor in Nursing, was appointed Nursing Service Supervisor, July 1; Joanne Brody, R.N., was appointed Head Nurse, May 20. The following five Acting Clinical Nursing Supervisors were appointed Clinical Nursing Supervisors, June 17: Diane Bosse, R.N.; Gerald F. Ellsworth, R.N.; Carolyn K. Goodwin, R.N.; Verne E. Moberly, R.N.; and, Marian G. Walsh, R.N.

Although disagreement as to the function of the psychiatric nurse persisted throughout the year, clarity as to the function continued to emerge. Acceptance of the function of the Nurse by professional colleagues was limited, but signs of increasing acceptance were manifested and a healthy dialogue continued. Efforts to clarify the function and to interpret it to the other disciplines must continue in the future. Toward that end the following plans have been formulated: 1) continuation of the "nursing process" program, 2) continued support to those who have completed the program in order to reinforce the learning process, 3) continued encouragement of nurses on the staff not yet trained, to seek the opportunity available to them, 4) continued interpretation to members of the other clinical disciplines, 5) formal presentation at Clinical Conference of formulated concepts concerning the function of the Nurse.

A major area of concern that remains to be resolved is the organizational structure that will best support fulfillment of the function of the Nurse and insure the most efficient Nursing Service at the least expense. Although efforts have been directed toward clarification of functions within the present structure, it is recommended that no change be instituted until the appointment of the new Director of Nursing Service.

DANIEL H. LENNOX, R.N., M.S. in N.Ed.
Assistant Director of Nursing Service

Report of the School of Nursing

THE McLean Hospital School of Nursing graduated its last class on June 14, 1968. The decision to terminate the diploma program came only after careful investigation and serious consideration of all factors, both professional and administrative, involved in maintaining a diploma program in a specialty hospital.

The morale of the members of the class of 1968 remained high throughout the academic year. Under the leadership of Miss Diana Harris, President, and Mr. Peter Carey, Vice President of the class, the seniors were busy throughout the year with educational, social, civic, and fund raising activities. The senior banquet held at the Holiday Inn, Waltham, was the outstanding social event of the year. Mr. Thomas Drainville was elected President of District #8 of the Massachusetts Student Nurses' Association and represented both the State Association and McLean Hospital School of Nursing at the National Convention of Student Nurses in Dallas, Texas. Several other students served on committees at the district and state level. The officers and members of the class of 1968 are to be congratulated for the mature and productive manner in which they have conducted their meetings and activities.

At the graduation exercises, Margaret M. Plymire, Ph.D., Chairman of the Department of Nursing, Simmons College, gave the commencement address. The class gift presented at the exercises was a sum of money for the Margaret C. Tibbetts Library Fund, to be used for the purchase of books on psychiatric nursing and related writings. The Wetherill Award for recognition of the "spirit of thoughtfulness for others" was presented to Mrs. Marian Cleary Davis and Mr. Rand W. Bailey. The recipients of the McLean Hospital Nurses Alumni Scholarship for advanced education were Mrs. Davis and Mr. Peter R. Carey. The McLean Hospital Auxiliary, Lucille Pitcher Memorial Award for "excellence in psychiatric nursing" was presented to Miss Anne M. Monahan. In behalf of both the School of Nursing and Nursing Service, the original Wetherill Award plaque and the symbolic pin and cuff links were presented to Francis de Marneffe, M.D., Director of the Hospital, to be placed in the Archives Room to serve as a tribute to all persons whose thoughtful acts have contributed immeasurably to the

dignity of man and the betterment of patient care at McLean Hospital.

Of the twenty-three senior students who graduated, eight accepted staff nurse positions at McLean Hospital. The majority of the men graduates will enter the Army, Navy, or Air Force Nurse Corps.

Participation in the Student Loan Program under the Nurse Training Act of 1964 has continued. The amount of federal capital fund contribution approved for the fiscal year ending June 30, 1968 was $2250 and the minimal amount of institutional capital required was $250, making a total of $2500. Four students were approved for funds and received a total of $1587. Since the inception of the student loan program under the Nurse Training Act of 1964, twenty-two loans have been granted to students enrolled in the School of Nursing, totaling $10,627. Funds of varying amounts to help students defray costs were realized from the McLean Hospital Nurses Alumni Association, McLean Hospital Auxiliary and several community agencies.

Major changes in the structure of the affiliate program in psychiatric nursing agreed upon by the administrative representatives of McLean Hospital and the representatives from Massachusetts General Hospital and Peter Bent Brigham Hospital became effective in September, 1968. In keeping with the changes, the diploma affiliate schools now assume the responsibility of providing instructors for supervision of their respective students assigned to certain halls at McLean Hospital for clinical experience in psychiatric nursing. The students live at their home hospitals and commute to and from McLean Hospital. They may purchase meals in the McLean Hospital cafeteria or coffee shop at the same rate charged hospital personnel. Office, classroom, and library facilities are available to them in Higginson House.

We regret that, with the changes in the affiliate program, the Administrators of The Children's Hospital chose to terminate the psychiatric nursing affiliation with McLean Hospital. They expressed a need to have their students housed at the affiliating hospital; however, the cost and concern with housing approximately ten student nurses four times a year at McLean Hospital precluded such an arrangement. Although no longer participating in affiliating programs with The Children's Hospital, we continue to

have an interest in developmental plans for nursing programs through mutual exchange and sharing of ideas.

For the second year, Associate Degree students were accepted from the Department of Nursing, Newton Junior College, for an experience in psychiatric nursing, under the supervision of instructors from the college. This year the experience was offered on less acute psychiatric halls and extended over a six week period as opposed to a three week period last year. In evaluating the program, this arrangement appeared to provide a more satisfactory learning experience for the students and will serve as a guide for next year.

We welcome the continued use of the facilities at McLean Hospital by the Simmons College School of Nursing for student experience in psychiatric nursing, under the guidance of instructors from the college. In addition to the psychiatric nursing experience, several Simmons students will have clinical experience in the care of geriatric patients in keeping with their revised integrated program in nursing.

With the "phasing out" of the diploma program and the change in structure of the affiliate (diploma) program in psychiatric nursing, the instructors began to plan for their future roles, either at McLean Hospital or at another institution. Of the eight, four will continue to be associated with McLean Hospital either directly or indirectly. John J. Grady, Jr., R.N., Ed.M., transferred to Nursing Service in the position of Nursing Service Supervisor; Jane Walsh, B.S.N., and Rose Barile Catalanotti, M.S., joined in the Massachusetts General Hospital School of Nursing faculty, and Patricia Tyra, M.S., joined the faculty at Peter Bent Brigham Hospital. They will accompany the respective students to McLean and supervise their experience in psychiatric nursing. The administrative officers thank all of the instructors for their contributions to the school and for their loyalty to McLean Hospital.

Mildred C. Makin, R.N., Ed.M., has held the office of President of the Massachusetts League for Nursing this year. She takes this opportunity to thank the Director of McLean Hospital, the Assistant Director of Nursing Service, and the faculty members for permitting her time to spend with league activities, for the office of president has been almost a full-time job, in itself. Mr. Grady, was Chairman of the Membership and Public Relations Committee of the same organization.

During the school year individual members of the Advisory Committee of the McLean Hospital School of Nursing have given counsel to the Assistant Director of the School. At a formal meeting of the Advisory Committee held in June, 1968, under the chairmanship of Mrs. John D. Aikenhead, the members agreed that with the termination of the diploma program and the change in structure of the affiliate (diploma) programs, the Advisory Committee of the School of Nursing had served its purpose and recommended that the committee be terminated. Subsequently the recommendation was approved by the McLean Hospital Committee of the Board of Trustees. Mr. George Putnam, as Chairman of the Committee, expressed appreciation for the contributions made by each member of the Advisory Committee. The administrative officers and faculty of the school add their appreciation and thanks for the interest and support the members of the Advisory Committee and the Board of Trustees have given to the school over the years.

In accordance with the regulations and recommendations of the Board of Registration in Nursing, a plan has been worked out to assure the retention and safe custody of essential records of graduates from the McLean Hospital School of Nursing, including compilation of curriculum offerings for transcript form records.

Over a period of several years, the Director of the School of Nursing has recommended in her annual report that the School of Nursing Library be incorporated within the development of a satisfactory library service with other professional groups. This year, the Assistant Director of the School makes the same recommendation and the reasons for it have been submitted to the Hospital Library Committee, of which she is a member.

Library holdings no longer required for use in the Nursing Library, as a result of the termination of the diploma program, are being made available to: 1. the Medical Library, 2. Arlington School Library, 3. Patients' Library (non-professional) and subsequently to other departments in the hospital, and to Libraries in other Schools of Nursing making specific requests for books and journals.

In the Makin report, "Implications and Recommendations for the Future of the McLean Hospital School of Nursing", three recommendations were made relative to future educational programs at McLean Hospital. The recommendation that provision be made for

a course of instruction for Nursing Aides has been formalized. The program provides for a two week orientation period of instruction and supervision, and continued, planned in-service education programs. Wilmah Goodrich, B.A., was appointed Instructor in In-Service Education, with immediate responsibility for the Orientation classes. For future planning, we recommend that there be an extended program of Aide Education, whereby federal funds could be applied for.

The other two recommendations in the Makin study were that provision be made for a clinical setting at McLean Hospital for graduate students in psychiatric nursing programs at the college level, and for a post-graduate internship in psychiatric nursing on a highly skilled level. Although the Nursing Administrators at McLean Hospital have given considerable thought to these recommendations and there has been some exchange of dialogue with representatives from collegiate Schools of Nursing, no definite plans or decisions have been formulated. It would seem advisable to forego further consideration of these recommendations until such time as a Director of Nursing is appointed or a clear decision is made as to the direction nursing education will take at McLean Hospital.

The Administrators and Faculty of the School of Nursing take this opportunity to thank everyone who contributed directly or indirectly to the education and welfare of each student.

A specific recommendation to the Director of the Hospital is as follows:

> whereas the diploma program in nursing has been terminated and the structure of the affiliate programs changed, use of the title, School of Nursing, be officially terminated.

MILDRED C. MAKIN, R.N., Ed.M.
Assistant Director School of Nursing

Report of the Psychology Department

OVER the past year the Psychology Department has continued its traditional functions of psychological testing, psychotherapy, training and research and it has also been actively involved in planning the role of the psychologist both on the new admissions unit and the proposed Hall-Mercer Hospital. A total of 185 patients were tested and 854 tests administered, 21 inpatients and 17 outpatients were seen in individual psychotherapy and 3 couples, 11 families and 7 groups were also treated. In addition to the ongoing predoctoral training program in clinical psychology, two postdoctoral traineeships were added this year. Various staff members have also been involved in at least 10 different areas of research investigation.

The evaluation of patients through the medium of psychological tests continues to be one of the major service functions of the department but in recent years this has evolved into more active participation of the psychologist on the ward team. While it has not been feasible to date to assign a psychologist to each ward, experimentation along these lines is now under consideration with the planning of the new admission unit. Thus two psychologists, Scott Reinhardt, Ph.D., and Robert Schnitzer, Ph.D., have been assigned to this unit to participate in the total evaluation process of new patients. They will be present at both diagnostic and planning conferences and will paricipate also in the training programs of the unit for both psychiatric residents and psychological interns. It is hoped that this consistent participation of psychologists on the admissions ward will lead to the development of approaches and techniques which will both speed up testing procedures and increase the efficiency of communication among the various disciplines. An evaluation of the test referrals received last year suggest that the most frequent reasons for referring a patient for testing were questions about diagnosis, depth of pathology, brain damage and suicidal potential. It is also not surprising, considering the gradual increase in recent years of the hospital's adolescent population, that the majority of tests are administered to patients under 21. Since many of these patients are enrolled in the Arlington School, test results have often been useful in planning the academic program and in

highlighting both a student's intellectual resources and learning difficulties, when present.

The training program supported largely by the National Institute of Mental Health Funds and directed by Dr. Schnitzer has continued to be highly rewarding. This year the four interns selected were George Hayward, B.A., and William Hudgins, B.S., both candidates for the Ph.D. degree from the University of Texas, and Ann Roberts, M.A., and Aimee Wilson, M.A., both enrolled in the doctoral program at Boston University. Two of our interns from last year are continuing their training this year on a part-time basis. Lois Levin, M.A., is working as a research assistant to Dr. Schnitzer and Abby Wolk, M.S., is doing both psychotherapy and psychological testing. This year a postdoctoral program was initiated and two Fellows were selected for this position; since a significant number of applications for such a program are received each year, we hope to expand it and to apply for NIMH support in the near future. The postdoctoral fellows selected were Arthur Cobb, Ph.D., who received his advanced degree from the University of Houston and spent last year as an intern in the VA Hospital in San Francisco, participating also in the Free Medical Clinic at Haight Ashbury; and Virginia Senders, Ph.D., who completed her graduate training at Radcliffe College in experimental psychology. Dr. Senders joins us after many years of productive research and having held a variety of academic and administrative positions. She is particularly interested now in shifting her research interests from experimental to clinical psychology. Thus she will be devoting this year and next to obtaining supervision and training in the practice of clinical psychology and in conducting research in this area. Brendan Maher, Ph.D., Professor of Psychology at Brandeis University, will be supervising Dr. Senders' research activities in the next two years and we are most pleased to have him join our staff as Associate Psychologist.

As part of the general interest of both the hospital and Psychology Department in the adolescent population, some of our trainees have particularly requested to work with this age group. Thus Dr. Cobb, one of the postdoctoral fellows, has been assigned as a ward psychologist on a hall with a large number of adolescents. In addition to testing patients on the ward and participating in ward conferences, he also has organized group therapy sessions

with adolescents gathered from several wards. Since our intern training program is a joint one with the Beaverbrook Guidance Center, all of our interns spend half of their time working with children in an outpatient setting and the other half is divided between the McLean inpatient and Outpatient Clinic. All the trainees receive intensive supervision from the senior members of the Psychology Department and psychiatric staff. Other training functions within the department include supervision of several staff members in related disciplines, a course in Introductory Psychology given by Dr. Reinhardt to student nurses, a seminar for the residents on the Theory and Practice of Psychological Tests given by Irene Pierce Stiver, Ph.D., and several conferences and seminars on family therapy, organized by Marvin Snider, Ph.D.; several meetings are also held each month with the medical students.

Richard Bonier, Ph.D., Dr. Reinhardt and Dr. Snider continue to play active roles in the Outpatient Clinic. Dr. Bonier is currently completing the first year of the research project on family pathology in adolescence, which he co-directed with Jacob Christ, M.D., Director of the Outpatient Clinic. Among other issues, this study evaluated the differential effects of family vs. individually centered crisis intervention when the referral problem was presented as an adolescent crisis. The study also is attempting to investigate the presence of a dimension of "family reinforcement" of the referral behavior, and to evaluate the influence of this variable upon the outcome of different types of intervention. Incomplete findings to date indicate that the variable is capable of being measured by clinicians reliably, though its relationship to other variables is as yet unknown. Dr. Reinhardt, who was promoted this year from Fellow to Assistant Psychologist, continues his participation in both inpatient programs and those at the Outpatient Clinic. The Intake Group which he initiated at the clinic the previous year is currently being conducted by a psychiatric resident but Dr. Reinhardt continues his interest in this type of group and both he and Enid Caldwell, M.D. are designing a research project to allow for more systematic evaluation of the usefulness of such a group. Dr. Snider's involvement in the Family Therapy Program both in the hospital and the Outpatient Clinic has been extended to include active participation in the research project on family pathology and adolescence described above. He has also done the majority of family evaluations, a total

of about 20 cases over the year, at the Outpatient Clinic. In addition he led a couples group from the Day Care Center for a 10-week period to assess the feasibility of conjoint therapy in this program; the use of both pre- and post questionnaires in the evaluation suggested that such an approach can be most effective.

Other research activities among the department members include several projects conducted by Norbett Mintz, Ph.D., who is supported by an NIMH Career Development Grant. His work on socio-cultural factors in psychopathology is continuing although he is becoming more interested in the problems of therapeutic techniques and therapeutic change. Some of the findings already emerging from his research are of considerable interest. In his studies of sibling constellation, he has found that there is no evident birth order effect in childhood autism but there is such an effect, as well as effects of spacing, size of family and sex of child, in childhood schizophrenia; adolescent schizophrenia in turn can be distinguished from childhood schizophrenia along the same dimensions. In his investigation on ethnic factors and psychopathology several differences have been observed. In a study of the relative incidence of psychotic depressions and schizophrenia among first and second generation Russian and Polish Jews, it was shown that while similar in religious and cultural backgrounds, nonetheless the two groups demonstrate differing ratios of these two diagnostic categories. For example, Polish Jews are more likely to become schizophrenic than depressed in comparison to Russian Jews. In a comparison of Jewish with Irish families it was noted that the former were more alert to the recognition of symptoms of a thought disorder than the latter, even though Irish patients tended more often to have such disorders. Dr. Schnitzer's work with A.H. Stanton, M.D. on the investigation of psychotherapeutic interactions, has resulted in the completion of a comprehensive content-analytic system that enables the categorization of all of the therapist's utterances during the therapeutic interview. This project is presently working on the selection of assessment techniques that will enable the evaluation of change during psychotherapy. Dr. Schnitzer has also begun a project which will attempt to devise an instrument which will provide reliable repetitive measures of the transference relationship in psychotherapy in a manner which will not alter the course of psychotherapy. Dr. Bonier is pursuing his interests in psychosomatic

illness with a project designed to investigate some aspects of the epidemiology of "psychosomatic" symptomatology. In particular he is interested in evaluating the relevance of current psychosomatic theories when applied to a non-hospitalized population. Dr. Reinhardt has completed his study on evaluating the characteristics of moods in hospitalized and normal functioning women. Among his findings Dr. Reinhardt reports that the non-patient group had higher moods than the patients at the best and most characteristic mood levels and to a lesser extent at the worst mood levels. There were, however, no differences between the patients and non-patients in the fluctuations over time of the best and worst moods; but the most characteristic of the patient moods fluctuated more over time than those of the non-patients. Patients' self-esteem was more closely associated with feelings about others and non-patients with their ability to function. Finally the patients' lowest moods were of a more pernicious and debilitating quality than those of the non-patients. Dr. Stiver continues her research interests in the area of perceptual defense and delinquency and the latter is being pursued in some investigations conducted at the James Jackson Putnam Children's Center where she is a Research Consultant.

IRENE PIERCE STIVER, Ph.D.
Director, Psychology Department

Report of the Public Relations Department

OPENING better lines of communication with the many publics involved with McLean Hospital continued to receive added emphasis in the public relations program during this past year.

Better understanding of the hospital and its role in the community certainly has continued to mount following the Open House, reported in the last annual report. The Open House has served to demonstrate how little residents of nearby towns actually know of McLean but even more important, how receptive they are to informations about the hospital.

The hospital's slide-tape presentation, "The Time Here", was entered as an exhibit for the annual New England Hospital Assembly and was chosen as a Blue Ribbon Exhibit. This was the second year in a row that McLean's exhibit was chosen for such an honor. McLean's exhibit was the first slide-tape to be selected for an exhibit by the NEHA. During the three day Assembly meeting, a total of 686 people viewed the slide-tape which was shown once every half hour. The exhibit was staffed by members of McLean's staff and was supervised by the Public Relations Department.

Work has been completed on converting the slide-tape to 16mm film with five prints now available for public showing.

To insure that every employee and staff member received the BULLETIN, we started with the March-April issue and had our mailing house mail it to their homes. This also gave us the opportunity to bring lists up-to-date for future mailings other than the BULLETIN. Another step forward was taken when the decision was made to have the mailing house handle the complete job of printing, addressing and mailing by first class mail, which was made possible by a new postage permit. This eliminated the time consuming job of typing stencils, collating, stapling and departmental distribution.

On May 15, 1968, McLean was host to members of the American Psychiatric Association who were attending a meeting at the Sheraton-Boston Hotel. A tour committee was formed to handle the recruitment of staff members to act as guides and to choose the areas of the hospital that would give an overall idea of treatment offered at McLean. Public Relations handled all requisitions, dis-

tribution of memos, and arrangements of the tour itself. The tour included: Arlington School, South Belknap I, and the Rehabilitation Center. After the tour, the slide-tape, "The Time Here", was shown and followed by a question and answer period.

A press conference was held at McLean on June 24, 1968, to formally announce plans for the new child psychiatric hospital to be built on the hospital's grounds. Those invited included: newspaper editors and publishers for the Belmont, Waltham, Watertown area; medical writers for the Boston newspapers and magazines; TV and radio news directors in the Boston area. Letters and reply cards were sent to 26 people covering these various areas. A complete news release was also prepared and sent to the newspapers outside of the Greater Boston area. As a result of this press conference, TV and radio coverage was received from those attending, in addition to the coverage from those newspapers receiving our release.

More than 270 guests attended the annual hospital Children's Christmas party held on December 16, 1967, with Miss Gail Eaton of Public Relations and Mrs. Mary Branston of Dietary as co-chairmen. Delighting the children were the Christmas Marionettes, presented by Mr. and Mrs. Edgar Rice of Wellesley Hills. Thomas Burley, Comptroller, played his traditional role of Santa and David Balise, Assistant Administrator, served as master of ceremonies.

Award of Service Pins on May 21, 1968, included the photographing of groups of the award winners, according to the towns in which they resided. These photographs, with press releases, were submitted to local newspapers throughout this section of the state with good publicity for McLean Hospital resulting.

An unusual opportunity for good public relations came to the attention of the Public Relations office during the year when McLean Hospital was asked to participate in a project seeking medical equipment for a hospital in La Vega, in the Dominican Republic. Donations of equipment from McLean, MGH, and Children's Medical Center arrived in the Dominican Republic in the late summer.

Widespread information about the Arlington School was circulated in November, 1967, through the Roche Report, "Frontiers of Hospital Psychiatry". In addition to the regular distribution by the Roche Laboratories through its World Wide Medical News

Service, reprints of the three page article, which included six photos, have been widely circulated by the Public Relations Department.

A number of personnel changes took place during the year. Mrs. Barbara Hopkins, B.A., who had served as Director of Public Relations for four years, resigned in July to assist in the political campaign of her brother-in-law. Named as the new Director, as of August 1, 1968, was Frederick W. McDonald, B.A., who had served as Director of the Joseph P. Kennedy Jr. Foundation in Washington, since 1965.

Miss Gail Eaton, M.A., left the staff to return to teaching in September, 1968, but remained a member of the McLean community by accepting a post at the Arlington School. Mrs. Carol Rand, Secretary, resigned in June.

Named as public relations assistants in September, 1968, were Mrs. Elizabeth Callison who has assumed editorship of the McLean BULLETIN and responsibilities for the news bureau; and Mrs. Cynthia Mello, B.A., whose work includes hospital tours and visitors, publications and internal communications. Miss Linda Johnson continues on the secretarial staff for the department.

An intensive study of the hospital's public relations program during the months of August and September by the new Director, however, pointed to the critical role that employees, staff, patients, and their families, all play in communicating with the many publics outside the hospital.

Results of this study emphasized the need to strengthen internal communications of the hospital. This decision was based on the belief that cooperations and understanding depend upon the foundation of knowledge.

First step in the new communication program was the development of the "TODAY'S NEWS BULLETIN", a digest of activities occurring within the hospital. "TODAY'S NEWS" has been distributed Mondays, Wednesdays and Fridays, by posting on bulletin boards throughout the hospital; distribution to all the patient halls; all administrative personnel; and in the hospital cafeteria.

A sister publication, "MEETINGS TODAY", listing the meeting schedule, time, and location, for all hospital committees, has proven popular and timely as a communicative device to post last minute changes and cancellations.

As an important phase of personnel relations, it was decided to

graduate the former McLean BULLETIN, into a monthly, tabloid, employee newspaper, utilizing a photo-offset process that makes possible use of a large number of photographs. An inexpensive Polaroid camera was purchased with the public relations staff hoping to do most of the photography themselves. The first issue was planned for November.

Continuing studies are being made of modern communication techniques such as video-tape processes, audio-tape memory storage systems, etc., that may be pertinent to hospital needs.

It should be emphasized that any program of internal communications must depend greatly on cooperative efforts between the Personnel and Public Relations Departments. This has been achieved not only on the programs previously discussed, but also in planning the observance of McLean Hospital Professional Nurse Week, highlighted by a buffet-dance held at Cottage Crest, Waltham. Both Personnel and Public Relations Departments worked closely with a Professional Nurse Week Committee in making plans for the event.

United Fund provided another opportunity for this type of an activity. In the 1967 Campaign, McLean Hospital received an award from the Massachusetts Bay United Fund for its program that resulted in more than $10,000 being raised within the hospital.

New programs in the Personnel Department have also caused a review with that Department of its printed materials and the decision has been made to publish three printed pieces, including (a) employee handbook (b) medical and hospital insurance plan and (c) retirement program.

As part of the internal communications program, the Public Relations Committee voted to give top priority to a review of communications with families of patients. As a result, a new program of communications is being initiated which is aimed at strengthening knowledge and understanding among patients' families.

New members added to the Public Relations Committee this year included Mr. Winston Johnson, Director of Development; Mr. David Bohy, Director of Personnel; Stephen B. Bernstein, M.D., Chief Resident Psychiatrist; and Mr. Frederick W. McDonald, Director of Public Relations. Previously named to the Committee were Francis de Marneffe, M.D., Director; Mr. Henry Langevin, Admin-

istrator; Miss Willa Pasho, Assistant Administrator; and Miss Golda Edinburg, M.S. in S.S., Director of Social Work.

Although joining the staff as this fiscal year came to an end, I must point out how impressed I have been at the professional manner in which public relations activities at McLean had been organized and conducted by Mrs. Barbara Hopkins, my predecessor.

An excellent foundation has been prepared for the days ahead when change and new challenges will test the understanding of all publics that affect McLean.

The public relations of McLean Hospital are shaped by the actions, accomplishments and activities of every single employee of the hospital.

These relations are not "handled" by a department. It is the responsibility of the Public Relations Department to assist each element of the hospital in such a manner that "good deeds are done . . . and the world knows about them".

The best clinical care, good communications with patients, families, referring physicians, responsible legal officers, the professional community—these are all factors in establishing and maintaining good public relations.

It is also important how our telephones are answered, what do our letters say that are transmitted outside the hospital? What do our employees think of the hospital? What impressions do visitors receive at the hospital?

It is axiomatic that good public relations consist of 90% doing the right thing, and 10% letting others know you have done it.

Our objectives during the coming year are to intensify the program of internal communications, increase our flow of news and knowledge to external media, and continue to emphasize relations of McLean as a good neighbor, as a welcome asset, in this regional community.

FREDERICK W. MCDONALD, B.A.
Director of Public Relations

Report of the Social Science Department

I. Service

A year ago it was decided that the Social Science Department should explicitly take on a new function: that of conducting studies within the hospital for the purposes of facilitating the assessment of the effects of hospital policies, programs, and practices. In doing so, it was anticipated that the information gained from such studies would be useful for decision-making in overall policy formulation and implementation.

As a consequence, two major studies were undertaken: an assessment of wards and a study of hospital census.

Ward Assessments

The first task was to assess the hall unit. By the end of the year, three halls had been intensively studied. Study included systematic quantitative recordings of staff and patient activities throughout the course of the day, qualitative recordings of ward happenings; interviews with staff members and patients, and administration of standard instruments assessing patients' perceptions of one another and staff attitudes concerning patients. The detailed findings of these studies are too numerous to be reported here. Suffice it to say that several strengths and problem areas in the ward organization were crystallized. As a consequence of these studies the Department has proposed several changes in ward organizations be considered.

Perhaps the three most far-reaching of these are: (1) the reconceptualization of the ward staff member's role as one of *psychiatric worker* (rather than the current identification of nurse, psychiatric aide, social worker, group worker, ward clerk, etc.); (2) the establishment of a program for training (primarily non-professional) persons into this role of psychiatric worker; and (3) a restructuring of the ward organization so as to provide status and a mechanism for upward mobility within the psychiatric hospital system for persons trained within this new role. These proposals are currently under discussion.

In the next year it is planned to continue our study of wards, now narrowing the focus to one aspect of the ward: the ward atmosphere and its possible effects on staff and patients.

Hospital Census

As a consequence of fluctuations in the hospital census figures, a systematic study of hospital census and the factors which affect it was undertaken. These studies revealed the following statistical facts: (1) there has been a slight but consistent decline in hospital census since 1964-1965. This high point had been preceded by a rapid increase in census in the prior three years, (2) hospital census varies significantly by season with spring (March, April, May) and fall (November) being high points, and summer being a point of low census.

Census, of course, is a function of admission and discharge rates. Admission rates vary by months of the year, and also have changed during the past eight years. March and October are the highest admission months, while July is the lowest.

There have been significant changes in admission rates over the past eight years. From 1960-1963 there was a period of increasing admission rates. Since 1964-1965 there has been a slight but consistent and statistically significant decline in admission rate. A more detailed breakdown of these data revealed that the decline was attributable primarily to a decline in readmissions to the Hospital. A secondary factor noted was a decline of admissions of patients being admitted to a psychiatric hopital for the first time. Increasing was the rate of admission of patients who had previously been hospitalized at another psychiatric facility.

An analysis of inquiries to the hospital showed a consistent marked increase over the past eight years. A detailed look at these revealed that most of the increase was a consequence of information inquiries. Recorded reasons for non-admission to the hospital held fairly constant over the eight year span: insufficient funds most frequent, followed by no vacancy (from 1963-1964 to the present) and least frequently because the prospective patient was unsuitable.

Discharges, the other side of the census study, also were found to have significantly varied during the period analyzed. The rate of discharge during the past three years has been lower than during the prior three years. There has been a corresponding increase in length of hospitalization prior to discharge since 1964-1965. (This trend was partially reversed within the past year.) The rates of various indices of less than satisfactory discharges have been on the increase within the past few years. Discharges against medical ad-

vice, while small in percentage, have been generally increasing since 1960-61. Escapes and absences without leave since 1963-64 have been consistently higher than prior to that time; most recently (since 1964-65) discharges to other psychiatric hospitals increased through 1966-67, and remained as frequent during the past year. Taken together, these figures reval a fairly consistent increase since 1962-63 in discharges prior to the satisfactory completion of hospitalization. (In 1967-68, they comprised about a third of all discharges.)

In summary there has been only a slight decline in hospital census since 1964-1965. However, beneath this apparent picture of stability, marked changes are occurring: patient turnover has lessened, as indicated by decreased admission and discharge rates; the kind of potential patient seeking a McLean admission seems to be changing—the Hospital is increasingly becoming a place for patients with prior psychiatric hospitalization, and decreasingly a place for first admissions to a psychiatric hospital; this patient is less likely to complete a satisfactory hospitalization here than former patients.

Four possible types of explanation may account for the changes noted. First, these changes may simply represent changes in record-keeping practices, of which no doubt there are some. Secondly, it may be that the categories of patients seeking admission at McLean may be changing, for instance some of these changes may be attributable to the admission of a greater percentage of adolescent patients and patients in early adulthood than formerly. Thirdly, it may be that changes occurring outside of the hospital may explain these trends. For instance, the increase in the availability of community mental health centers may account for the decreasing rate of patients seeking a first psychiatric hospitalization. Fourthly, it may be that changes are occurring within the hospital itself which are producing these trends. For instance, the steady decrease in former McLean patients seeking readmission to the hospital may indicate that treatment methods have improved during the period so that the patient now has a better basis for leaving the hospital. (The assessment of patient at discharge, as reflected in the discharging physician's rating, does not show any change in this direction during the period. However, this reviewer believes that the fault may lie in the superficiality of the discharge rating.) An alternative explanation might be that, due to the increased per diem cost of hospitalization plus the increased

average length of stay more patients upon discharge might not be able to afford a McLean readmission.

No doubt all four categories of explanation are operative in the appearance of these trends. The problem remaining is to determine which explanation is operative in which trends. To this end two further studies have been recommended: (1) a further analysis of these data, controlling for changes in age, sex, and diagnosis of incoming patients during this period, and (2) a study of discharged patients to determine why they are not seeking readmission to McLean.

In addition to these major service projects, the department continued its traditional service functions to the Hospital: Rose Coser, Ph.D., Associate Sociologist, conducted seminars in Social Science for residents; Richard Longabaugh, Ed.D., Assistant Social Scientist, served on several Hospital committees; numerous consultations were provided to staff members in other departments, particularly psychiatry and nursing.

Along with its new service function, as well as its traditional teaching and consultative functions, the department continued and extended its program of research activities. These are summarized below.

II. Research

Two investigations cited last year were continued during the current year.

Interactional Systems in Acute Schizophrenia (Stanley H. Eldred, M.D. and Dr. Longabaugh)

We previously reported that schizophrenic outcome was only modestly predicted by pre-hospitalization variables. This finding was consistent with our hypothesis that the hospital experiences are a major determinant of outcome. An examination of the interpersonal behaviours and relationships achieved by patients in the ward setting adds support to this hypothesis. Patients who are the more frequent participators in interpersonal relationships on the ward, who are liked by other patients, and who provide other patients and staff with needed resources are more apt to achieve superior outcomes by six months hospitalization. Futhermore, the extent of the patient's interpersonal investment is itself not easily predicted from pre-hospital-

ization factors. As a consequence, measured variations in the patient's ward experience can be added to the pre-hospitalization assessment of the patient, to make a more accurate prognosis concerning outcome.

An examination of the schizophrenic's level of participation in ward life reveals that it is not linear. At admission the average rate of interaction is low; however it consistently increases up through the fourth month. From about the fourth month to the eighth month it remains constant. After the eighth month it steadily declines up through a year's time (at which point our studies were terminated). This curvilinear pattern of participation is similar to one reported last year concerning the patient's adjustment. This convergence is being explored.

Patients' interactions with others are assessed through the interpersonal perceptions of those with whom they relate. A remarkable well-structured perceptual organization has been uncovered, which operates both for patients' perceptions of one another and for staff perceptions of patients. In essence, perceptions appear to be Cartesian products of two dimensions:

(1) a perceived degree of sickness dimension, ranging from ability to control oneself, to need to be controlled by others, and

(2) an affective dimension, ranging from liking to active dislike. The behaviorial and clinical significance of these dimsensions is to be investigated.

Basis Studies in Interpersonal Relations (Dr. Longabaugh)

The *Structure* of Interpersonal Behaviors

(1) Across Cultures. Researchers of interpersonal behavior within Western cultural groups have uncovered two factor structures ordering interpersonal behavior; (a) a three factor structure composed of dimensions of individual prominence, aiding group attainment and sociability, and (b) a two factor structure comprised of a dominance-submission and a love-hate dimension. Analysis of recordings of children's behavior from six diverse cultures uncovered the cross-cultural replicability of both of these structures. When variables are the frequencies of the various kinds of social behavior, the three factor structure emerges; when the variables are the percentages of all social behaviors devoted to a particular category of

action, the two factor structure emerges. The universality of these findings suggests the existence of a lawful relationship between the kinds of social behavior engaged in and the total amount of social participation of the child.

(2) Mother-Child Interaction Measured By Its On-Off Properties. Interruptions, silences, and action patterns by participants in relationships have been found by other researchers to have numerous psychological and social concomitants. On the basis of a factor analytic study of mother-child interaction and a review of other factor analytic studies, it is hypothesized that complex action patterns observed in specified role relationships can be predicted from the preferred action and silence durations of each participant in the relationship.

The *Process* of Interpersonal Behavior: Mothers' and Children's Acceptances and Rejections of One Another's Initiations. Contrary to what has been found in studies of the interaction of new acquaintances, mother and child acceptances and rejections of one another are not predictable from the presence of acceptance or rejection in the preceding one or two responses of the other. However, successive initiations by the same actor are apt to be consistently responded to by the other (acceptances → acceptances; rejections → rejections).

In addition to these continuing investigations, two new research projects have gotten under way.

The Role of the Pineal Gland in Selected Behaviors of the Rat

(Patsy Sampson, Ph.D., Assistant Social Psychologist) Dr. Sampson has initiated an investigation of the role of the pineal gland in certain precursors of a rat's social behavior: (1) activity level, (2) emotionality, (3) sensitivity to another rat's presence, (4) breeding, (5) maternal care. The experimental conditions vary treatment (pinealectomized, sham-operated or no treatment) and housing conditions under which the rat was raised (alone or with a group). This study is entering the analysis stage.

A next study is planned to determine whether behavioral differences between pinealectomized and non-pinealectomized rats can be abolished through regular treatment of pinealectomized animals with a pineal extract. Mark Altschule, M.D. of the Laboratory of Clinical

Physiology, is working with Dr. Sampson on these aspects of her study.

Also in the planning stage is a study of the influence of pineal functioning on seasonally controlled breeding behaviors in the mouse. To this end, a colony of seasonably breeding mice (Onychomys leucogaster) has been established at the hospital.

The Sequential Analysis of Schizophrenic Interaction (Dr. Longabaugh and Dr. Eldred) As an outgrowth of the previously cited study of Interactional Systems in Acute Schizophrenia, NIMH has awarded funds for carrying out a study in interaction sequences between hospitalized schizophrenic patients and other ward members. The study focuses on those interpersonal behaviors observed early in a patient's hospitalization which are predictive of later outcome. The primary aim of the study is to determine whether these behaviors can be predicted from preceding behaviors occurring within the same interpersonal contact. If, in fact, later behaviors in encounters can be predicted from earlier behaviors within the encounter, this would suggest that control of these preceding behaviors could increase the occurrence of health-signifying behavior and decrease the occurrence of behavior signifying poor prognosis.

Lastly, still in the planning stage, are two further studies intimately related to hospital treatment. The first is a controlled evaluation of the Day Center program currently being developed by Stephen Washburn, M.D., Associate Psychiatrist, and Dr. Longabaugh. The second is an exploration of the use of the computer in improving the methods of collecting, retaining, and using information relevant to the patient and his treatment. The initial phases of this exploration are being conducted by Dr. Longabaugh and Phelps M. Robinson, M.D., Assistant Psychiatrist. However, it is hoped that this nucleus will be expanded to include nurses and interested others at the earliest opportunity.

The department staff remains constant. Dr. Longabaugh became departmental Chief. Rose Coser, Ph.D., Associate Sociologist and Patsy Sampson, Ph.D., Assistant Social Scientist continue their part-time programs of Hospital research and Nancy Dummer, M.A., remains in her capacity as departmental Senior Research Assistant. Carol Preston continues as the most able departmental secretary.

It is planned to add another research assistant to the department,

in order to assist in the hospital studies mentioned above as well as others which arise during the course of the forthcoming year.

However, the department must look to the anticipated resignation of Dr. Coser at the end of the year. Currently on leave of absence to complete her book on the Socialization of Residents, she will be assuming a position as Professor in Medical Sociology, at the New York University at Stony Brook at the beginning of the next academic year.

RICHARD LONGABAUGH, Ed.D.
Chief
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Report of McLean Hospital Auxiliary 1967-1968

THE Auxiliary's emphasis this year has been on its supportive role to the hospital and on a closer relationship to the activities and personnel. We were asked to participate in two major events planned by the hospital, the Community Open House at McLean and the Psychotherapy Symposium at a Boston hotel. The Strawberry Festival was brought back to McLean this spring after our successful venture last year on an in-town benefit. Also cementing our closeness to the hospital was the membership committee's drive to enlist McLean personnel as Auxiliary members.

At the request of the American Psychiatric Association the Auxiliary provided hostesses to staff the Hospitality Room at the Sheraton-Boston for the week of their annual meeting in May. Auxiliary activities this year have expressed the role of a true auxiliary in the services performed as an adjunct to the hospital itself.

The Membership Committee, under the direction of Mrs. John D. Aikenhead and Mrs. Howard F. Taylor, enrolled 72 new members. Thirty-three of these joined in response to a special letter accompanying a newly worded and designed invitation that was sent to all women staff members and employees of the hospital, to all wives of staff members, Nursing School alumnae and wives of alumni living in the area. Life membership increased by four to a total of 32. The total membership is 487 people living in 53 cities and towns in Massachusetts and in six cities and towns in five other states; 267 are Belmont residents. All received an attractive new membership directory published in the fall.

The Program Committee, chaired by Mrs. Paul R. Dinsmore, offered a very successful winter seminar series on "Psychiatry and Its Impact on the Community". The series drew enthusiastic response from Auxilians and outsiders, both professional and lay people. Dana Farnsworth, M.D., spoke on "Attitudes and Values of Young People (A Look to the Future)". At the second meeting Mr. Gerald Berlin's topic was "A Lawyer's Bird's-Eye View of the Psychiatric Patient and His Psychiatrists". "The Training of Ministers in a Psychiatric Setting" with Rev. Louis B. Hoyer, Ph.D.,

was third and "Psychiatry, Riots and Racial Conflicts" with Charles A. Pinderhughes, M.D., brought the series to a close. Attendance ranged from 55 to 125.

The fall meeting was foregone in favor of the October 22nd Community Open House and Tour to which the hospital invited all Auxilians and their families. Members of the Board were hostesses to the local community leaders at a luncheon before the Open House. The Membership Committee also used this occasion to offer special greetings and hospitality to all new members in a room set aside for this purpose. This committee prepared a visual display of the history and accomplishments of the Auxiliary which was seen by the 2000 who toured the hospital and viewed its exhibits, facilities and the award-winning movie about McLean, "The Time Here".

The Annual Meeting and election of officers in May was held at the new Belmont Hill Club and featured a buffet luncheon, hospital greetings from Dr. de Marneffe and the showing of "The Time Here". The year's new members were guests of honor and the past presidents, Mrs. Paul M. Howard, Mrs. George H. Simonds and Mrs. John D. Aikenhead, along with the retiring president, were presented with McLean Hospital charms inscribed with their initials and dates of office.

Publicity and Public Relations were handled expertly by Mrs. N. Preston Breed and Mrs. Thomas M. Claflin, III. The fall Newsletter sported a brisk new look and the Auxiliary Newsletter, for the second year in a row, won an Honorable Mention at the New England Hospital Assembly Newsletter Contest. The year's three Newsletters told about the fall Open House, winter Seminar Series and spring Strawberry Festival Fashion Show, demonstrating good reporting and graphic and pictorial excellence.

Extensive local newspaper coverage of Auxiliary events was augmented by excellent space in the Boston newspapers secured by the hospital's Director of Public Relations, Mrs. James C. Hopkins, Jr., and her assistant, Miss Gail Eaton.

The Gift Shop broadened its activities in three fields throughout the year. Mrs. G. Manuel Fenollosa and Mrs. Mark Hyman, Jr., co-chairmen, and their 21 volunteer salesladies included, at the request of the hospital, patients as co-workers in the shop, attempted to establish the sale of magazines and started taking baskets of

merchandise to Proctor II to geriatric patients unable to visit the shop. The magazine sale had to be abandoned. The basket to Proctor II needs more experiment and evaluation.

A check for $2000 was presented to the hospital at the Annual Meeting. The decline in the Gift Shop earnings can be attributed partly to a younger hospital population with less spending power and partly to more outside privileges for patients to shop elsewhere, but the primary goal of service to patients was unquestionably achieved.

The Hospital Liaison Committee, chaired by Mrs. John C. Nemiah and Mrs. Larry A. Stone, functioned skillfully in four important areas: the assembling of volunteers from the Auxiliary to work for the McLean Hospital Open House, the collection of toys for the new Patients' Families Visiting Area, the organization and administration of the Ladies' Hospitality Room at the American Psychiatric Association National Convention in May, and the assignment to follow and report on any and all mental health legislation in the Massachusetts Legislature.

Hospitality Chairman, Mrs. W. Lawrence Wilde, participated in the planning and took charge of securing and assigning Board members and husbands as hostesses and hosts at the community luncheon preceding the hospital Open House. She and her committee served refreshments after the Seminars, an innovation which seemed to meet with popular approval.

Benefits' Chairman, Mrs. James C. Hopkins, Jr., arranged with Mrs. Paul R. Dinsmore and Mrs. Martin A. Miller an outstanding Fashion Show and Paper Boutique on April 24th to celebrate the return of the Strawberry Festival to the hospital grounds. The affair was held in the gaily decorated Gymnasium and featured a luncheon, a fashion show by Charles Sumner with Auxilians as models, music by Herbie Sulkin and an extraordinary boutique of paper products of great charm and variety. Seating at the Show was limited by the capacity of the room but the Boutique was open to patients, staff and all who wished to visit it.

The McLean Volunteers continue to keep in touch with our activities and keep us abreast of theirs through their representatives on our Board, Mrs. Winthrop S. Jameson, Jr. and Mrs. Charles A. Coolidge. At the Annual Meeting the Auxiliary's gift to the Swimming Pool Fund was unexpectedly augmented by a very generous

gift from the Volunteers of $500 earned from selling plants and raised by their patient-volunteer gardening group. Volunteers and Auxilians joined with hospital employees in being honored at the McLean Service Award Ceremony in Eliot Chapel. Mrs. Jameson was awarded her ten year pin and our Gift Shop workers received recognition for more than 3000 hours of service. Finance Chairman, Mrs. John W. Weeks, reported a total gift to the hospital Swimming Pool Fund of $3800, a sum made up of $2000 Gift Shop earnings, $900 from the Strawberry Festival, a $500 gift from the McLean Volunteers and $400 from the Auxiliary Operating Account. Due to the phasing out of the Nursing School no scholarship assistance was requested and the last Lucile Pitcher Award for Excellence in Psychiatric Nursing was made to a graduating student.

Mailing Chairman, Mrs. A. Bruce Downes, performed the monumental task of addressing and mailing approximately 5500 pieces — Newsletters, invitations to meetings, invitations to join, presidential reports, dues, bills, etc. Fortunately these are delivered as non-profit organization, bulk mail at 1.4¢ per piece. The service is slow and a trifle erratic outside of Belmont but the cost of first class mail would be prohibitive and members are asked to scan the left hand corner for Auxiliary identification before routinely discarding bulk mail in the waste basket. Remember — what you throw away may be an important notice or invitation.

The Auxiliary was represented at the meeting of the Greater Boston Region of the Council of Auxiliaries of the Massachusetts Hospital Association and at the Annual Meeting of the Massachusetts Hospital Association, the New England Hospital Assembly, and the meetings of the Coordinating Committee of the Massachusetts General Hospital.

The foregoing reports are a record of the Auxiliary's accomplishments under the able and dynamic leadership of Mrs. James A. Haycox who served as President during most of the past year. Serving with her and of great assistance to her were Mrs. Lawrence F. Cusolito, first Vice-President, Mrs. James C. Hopkins, Jr., second Vice-President, Mrs. Mark M. Walter, Jr., Corresponding Secretary, Mrs. Charles B. Bradshaw, Recording Secretary, Mrs. Vincent L. Hennessey, Treasurer.

The Auxiliary notes with gratitude the unfailing cooperation of

the staff and administration of the hospital, and of the great assistance given by them to the Auxiliary in all its endeavors. With knowledge of the continuing support and interest of the hospital, the Auxiliary and its present board look forward with enthusiasm to the coming year.

CLARA MCA. GWALTNEY
(MRS. ROBERT H.)
President

Directory

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Harvey, Richard B.
Hathaway, John S.
Hunt, Samuel P.
Kneisel, John J.
Meigs, J. Wister
Morris, John McL.
O'Connor, Denis S.
Rogers, Orville F.
Schuntermann, Peter, P. E.
Smith, Howard W.
Whitford, Warren
New London
Barry, Richard M.
Jones, William N.
Norwalk
Gens, John P.
Mulford, Edwin H., II
Sharon
Gevalt, Frederick C., Jr.
Southbury
Harty, John E.
Southport
Harris, H. Patterson, Jr.
Stamford
Healey, James C.
Kraut, Herbert L.
Stratford
Licciardello, Anthony T.
Washington
Tenney, Benjamin
Waterbury
Cole, Clarence H.
West Hartford
Coley, Mary S.

Jones, Frank S.
Klein, Michael D.
Riege, David H.
West Haven
Gordon, Philip S.
Woodstock
Forbes, Cecile Politis

DELAWARE

Newark
Cutler, Bruce St. J.
Wilmington
Maroney, John W.

DISTRICT OF COLUMBIA

Washington
Breslow, Alexander
DePriest, Oscar S.
Edmonds, Henry W.
Elite, Anthony E.
Halsted, James A.
Herrmann, John B.
Jessner, Lucie
Koppel, Elizabeth A.
Levey, Bernard
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Paul, John R., Jr.
Randolph, Judson G.
Ruffin, Marshall deG.
Rutman, Joel
Sabin, Hilbert S.
Steenburg, Edmund K.
Tabor, Celia White
Tobin, William J.
Vidal, Camilo
Watts, James W., II
Wood, William E.

FLORIDA

Bradenton
McElroy, William D.
Boca Raton
Saunders, George M.
Clearwater
Howard, Fred H.
Logue, Patrick J.
Coral Gables
Keiser, Robert P.
Webster, Henry deF.
Daytona Beach
Shedden, William M.
Delray Beach
Howard, Herbert H.
Fort Lauderdale
Pierce, Francis D.
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainesville
Collins, George H.
DeBusk, Franklin L.
Kaufman, Herbert E.
Lowe, Charles U.
Robbins, John B.
Schiebler, Gerald L.
Jacksonville
Davis, James McC.
Lake City
Stall, Bernard G., III
Lakeland
Fuller, Henry
Lantana
Brock, Benjamin L.
Largo
McDonald, William
Lighthouse Point
Stewart, John D.
Miami
Ackerman, A. Bernard
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Miami Beach
Capland, Lewis
Greenberg, Jack J.
Miami Shores
Hoffman, Nancy Davis
Miami Springs
Watson, J. Laxton
Myrtle Beach
Dretler, Stephen F.
Orange Park
Tolman, E. Laurie
Orlando
Broome, Robert A., Jr.
Thompson, Edgar B., III
Ormond Beach
Bullwinkel, Bob
Pensacola
Holmes, S. Grant
Smith, Raphael F.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S.
Vance, Lewis A.
Vance, Robert G.
St. Petersburg
Baker, William E., Jr.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Miller, Ralph B.

Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warington
Graybiel, Ashton

GEORGIA
Athens
Goldsmith, Lauren H.
Talmadge, Sam M.
Atlanta
Calhoun, F. Phinizy, Jr.
Claiborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H., III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Henderson, Brian E.
Isaacs, James P.
Lawrence, Robert S.
McPhedran, Alexander M.
Noble, John J., Jr.
Tuttle, Elbert P., Jr.
Columbus
Vaughan, Robert H.
Decatur
Bartlett, Walter M.
East Point
Tucker, Robert P.
Gainesville
Banks, Rafe, Jr.
La Grange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Millhaven
Carlton, Frank E.
Savannah
Brown, F. Bert
Sea Island
Wood, James A.

HAWAII
Honolulu
Dodge, Richard S.
Stewart, Steele F.
Strachley, Clifford J., Jr.
Wong, Livingston, M.F.
Yee, Lester P. K.
Waiakoa
McGovney, Richard B.

ILLINOIS
Chicago
Barsch, John H.
Berlow, Stanley
Bliss, Harry A.
Braudo, Joseph L.
Brodkey, Jerald S.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Ferguson, Lloyd A.
Freinkel, Ruth K.
Goulian, Mehran
Howe, Henry F.
Meyer, Harold I.
Michalska, Irene K.
Mixter, George, Jr.
Nilges, Richard G.
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Richmond, Martin B.
Shorey, William D.
Evanston
DeLong, William B.
Glencoe
Sloss, Laurence I.
Hinsdale
Hall, Buford
Norbury, Frank B.
Lake Bluff
Ward, John L.
Lemont
Brues, Austin M.
Peoria
Clarke, Burdick G.
Rantoul
Civantos, Francisco
Urbana
Maynard, Guy B., Jr.
Waukegan
Waldman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Stetson, John B.
Wishard, William N., Jr.
Richmond
Kennedy, Robert P.

IOWA

Cedar Falls
Harden, Lewis B.
Des Moines
Gordon, Arnold M.
Iowa City
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.
Oskaloosa
Catterson, LeRoy F.
Waterloo
Bickley, Donald W.

KANSAS

Kansas City
Leape, Lucian L., Jr.
Topeka
Sack, Lawrence C.
Wichita
Blubaugh, Sidney A.
Knapp, M. Robert

KENTUCKY

Fort Campbell
Leonard, Lawrence M.
Fort Knox
O'Keefe, Dennis D.
Umlas, Joel
Harlan
Arrowood, Julia G.
Elliot, Howard L.
Lexington
Cantor, Harvey E.
Francis, Lewis
Massie, William K.
Pearl, Don C., Jr.
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton, L. Douglas
Bate, John T.
Bornstein, Allan M.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA

Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
New Orleans
Morris, Harry D.
O'Brien, Charles P., Jr.
Shreveport
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE

Auburn
Thacher, Henry C.
Augusta
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Clement, James D., Jr.
Lium, Rolf
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Caribou
Collins, H. Douglas
Ellsworth
Suyama, Eji
Falmouth
Sowles, Horace K.
Friendship
Frost, Harold M.
Portland
Bidwell, Robinson LeR., II
Burrage, William C.
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Holt, Charles L.
Johnson, Oscar R.
Keating, Philip J.
McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.
Saco
Stevens, Harold W.
Waterville
Stocks, Joseph F.

MARYLAND

Baltimore
Becker, Lewis C.
Carr, Matthew L.
Firminger, Harlan I.
Fritz, William F.
Gay, Leslie N.
Gieske, Judith P.
Grossman, Milton S.
Hollander, Joshua
Howard, John E.
Jabaley, Michael E.
King, W. Bradley, Jr.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Murray, Gordon F.
Phelps, Winthrop M.
Robinson, Esther H.

Sutherland, George F.
Talalay, Paul
Vander Salm, Thomas J.
Von Kessler, Kirby L. C.
Walser, Mackenzie
Zuidema, George D.

Bethesda
Abbott, William M.
Abel, Ronald M.
Asher, David M.
Atkinson, Arthur, Jr.
Bishop, J. Michael
Blass, John P.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Brown, Michael S.
Brubaker, Richard F.
Burke, Robert E.
Burstein, Nelson A.
Canty, Timothy G.
Chase, Thomas N.
Churchill, W. Hallowell, Jr.
Cohen, Max H.
Crowell, Robert M.
Dale, David C.
Daniels, Gilbert H.
Davis, Burnet M.
Davis, John M.
Deuel, Thomas F.
DeVivo, Darryl C.
Engleman, Karl
Fraley, Elwin E.
Gaffney, Thomas E.
Gelehrter, Thomas D.
Gieske, Judith P.
Glass, Andrew C.
Globus, Gordon G.
Glueck, Charles J.
Gotto, Antonio M., Jr.
Grave, Gilman D.
Greene, Martin L.
Harrington, John T., Jr.
Harting, Donald
Herberman, Ronald B.
Herman, Albert E.
Hoffer, Alex
Hutton, John J.
Jackson, Stephen H.
Jacobs, Edward E., Jr.
Johnson, Eric H.
Kark, R. A. Pietre
Langer, Terry
Laster, Leonard
Mogielnicki, Robert P.
Mudd, S. Harvey
Murad, Ferid
Myers, Richard S.
Omenn, Gilbert S.
Paolitto, Frank J.
Pincus, Theodore P.
Poletti, Charles E.
Pollock, Edward J.
Potts, John T.
Price, Donald L.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Sarnoff, Stanley J.
Schulman, Joseph D.
Scolnick, Edward M.
Shipley, William U.
Simon, William H.
Smith, Arnold L.
Sox, Harold C., Jr.
Spann, James F., Jr.
Steckel, Richard J.
Strauss, John S.
Strober, Samuel
Sugarbaker, Everett V.
Thach, William T., Jr.
Vessell, Elliot S.
Waldmann, Thomas A.
Willerson, James I.
Williams, Willis H.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Brown, Robert H.
Clapp, Stewart
Gray, Sheila H.
Varney, Hewitt I.

Easton
Stoddard, James K.

Edgewood
Duffy, Frank H.

Ellicott City
Molliver, Mark E.

Frederic
Keller, Albert R.

Kensington
Mirkin, Gabriel B.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Epstein, Ervin H., Jr.
Leventhal, Brigid G.
Leventhal, Carl M.
Levey, Gerald S.
Sheagren, John N.

Silver Spring
Goldstein, Joseph L.
Moss, Gerald S.
Schnur, James A.
Waldmann, Katherine Spreng
Wood, William C.

Takoma Park
Blunden-Morris, Dulcie E.
McGill, Raymond J.
Towson
Adams, John E.

MASSACHUSETTS

Andover
Buchanan, Douglas
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walter T.
Arlington
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Smith, Richard H.
Attleboro
Hill, Leonard W.
Rae, Donald B.
Auburndale
LeVine, Herbert O.
Bass River
Anderson, Elroy E.
Bedford
Clifford, M. Henry
Belmont
Alexander, William
Altschule, Mark D.
Aub, Joseph C.
Bain, Jane
Bell, Norman W.
Berman, Jane M.
Bernstein, Stephen B.
Biddinger, John E.
Birger, Daniel
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Budson, Richard D.
Cain, Arthur J.
Caldwell, Enid
Christ, Jacob
Churchill, Edward D.
Clark, John G., Jr.
Coleman, Roy M.
Coser, Rose L.
Craven, N. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneffe, Francis L. A.
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
Folch-Pi, Jordi
Green, Sidney
Greenberg, Ramon M.
Griesemer, Robert
Griffith, David D.
Hauser, George P.
Haycox, James A.
Hermann, Howard T.
Herzberg, Joseph H.
Hess, Helen H.
Howard, Paul M.
Hudson, Carlos
Isenberg, Phillip L.
Jakab, Irene
Jenney, Peter B.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kazanjian, Varaztad H.
Kenney, Helen J.
Kershaw, Beatrice R.
Lees, Marjorie B.
Levine, Matthew E.
Longabaugh, Richard H.
Malone, Michael J.
Marks, Alan N.
Miller, Martin A.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Nuttall, Ronald L.
Perry, Jalna A.
Pope, Alfred
Reinhardt, Scott A.
Robbins, Michael D.
Robinson, Phelps M.
Ross, Mathew
Schnitzer, Robert D.
Semon, Ralph G.
Sens, Richard
Shaw, Daniel
Shein, Harvey M.
Sherman, Lewis J.
Simon, Franklin S.
Snider, Marvin
Solomon, Leonard F.
Sperber, Michael A.
Stanton, Alfred H.
Stauffer, Ruth E.
Stern, Robert
Stiver, Irene Pierce
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Alan A.
Suescum, Alfredo T.

Torop, Paul
Walter, Mark M.
Washburn, Stephen L.
Weinstock, Robert
Weisman, Avery D.
Williams, Harold W., Jr.
Yellen, Martin
Yudowitz, Bernard S.
Zavarine, Richard
Zigelbaum, Sheldon D.
Ziskind, Alan E.

Beverly

Alt, Richard E.
Carbone, Duane F.
Fienberg, Robert
Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Sneddon, Ernest A.
Todd, Barnard P.

Bishop

Sheldon, David B.

Boston

Abbott, John A.
Abramowitz, Harold
Ackerman, Irving P.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Patricia C.
Adams, Raymond D.
Agranat, Barry J.
Agus, Saul G.
Aisenberg, Alan C.
Albright, Nile L.
Aldredge, Kay F.
Allen, David W.
Allen, Henry F.
Alpers, David H.
Ames, Adelbert, III
Andrew, Norman W.
Andros, George
Angell, Franklin L.
Appel, Eugene L.
Arnason, Barry G. W
Arndt, Kenneth A.
Aronow, Saul
Asbury, Arthur K.
Asher, Marc A.
Ashworth, Michael A.
Aster, Richard H.
Aström, Karl E.
Atherton, Stephen O.
Atkins, Leonard
Aufranc, Otto E.
Austen, K. Frank
Austen, Wm. Gerald
Autor, Sherry B.
Babineau, Jean P.
Baden, Howard P.
Badger, Theodore L.
Baker, Edward P.
Baker, George P., Jr.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldwin, Wayne E.
Ballantine, H. Thomas, Jr.
Bandler, Bernard
Banks, Henry H.
Baringer, J. Richard
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnes, Virginia
Barnett, G. Octo
Barr, Joseph S., Jr.
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Robert W.
Barton, Theodore C.
Battit, George E.
Beecher, Henry K.
Behrendt, Douglas M.
Behringer, Glenn E.
Beier, Helen
Beisaw, Norman E.
Bell, Michael H.
Bendixen, Henrik H.
Benedict, Edward B.
Benedict, Karl T.
Benedict, Patricia H.
Bennett, Michael J.
Benz, Ronald R.
Berenberg, William
Berke, Raymond A.
Bernardino, Evelina
Bernstein, Norman R.
Bertland, Alexander U.
Bierbaum, Benjamin E.
Bigelow, Frederick S.
Bilheimer, David W.
Binger, Carl A. L.
Bird, Kenneth T.
Bittar, David A.
Black, Paul H.
Blacker, Edward
Bland, Edward F.
Blane, Howard T.
Blank, Irvin H.
Bloch, Kurt J.
Bloom, Edward R.

Boston (continued)

Boerstling, Herbert
Boland, Arthur L.
Bowen, Charles R.
Boyd, Robert J.
Brauner, Gary J.
Brendler, Samuel J.
Brendze, Robert B.
Brennan, Charles G.
Brewster, David C.
Briefer, Caesar, Jr.
Briggs, Burton A.
Brockhurst, Robert J.
Broennle, A. Michael, Jr.
Brown, Arthur E.
Brown, Charles E.
Brown, Michael S.
Brown, Thornton
Brownell, Gordon L.
Bruner, John M. R.
Bruns, Romaine R.
Buchanan, Thomas M.
Bucher, Nancy L. R.
Buckley, Mortimer J., Jr.
Budson, Richard D.
Burdick, James F.
Burke, John F.
Burnett, Jean B.
Burnham, Charles A.
Burnside, John W.
Burrage, Walter S.
Burton, Richard I.
Burwell, C. Sidney
Bush, Richard D.
Bushnell, Leonard S.
Byers, Randolph K.
Cameron, Fergus M.
Caner, G. Colket
Cannon, Bradford
Cantor, Frederick K.
Cantu, Robert C.
Caplan, Gerald
Carey, Robert W.
Carnes, Harold A.
Carter, Edwin L.
Carter, James R., Jr.
Cass, John W.
Casten, Virgil G.
Castle, William B.
Castleman, Benjamin
Caulfield, James B.
Cave, Edwin F.
Chafetz, Morris E.
Chandler, Hugh P.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chayet, Neil L.
Chen, Lincoln C.
Chiu, Thomas L.
Christman, George
Christy, Helen C.
Churchill, W. Hallowell
Cihak, Robert J.
Civan, Mortimer M.
Clark, Wallace H., Jr.
Clifford, Stewart H.
Cloherty, John P.
Cloos, Antoine
Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, Alfred M.
Cohen, George L.
Cohen, John M.
Cohen, Johnathan
Cohen, Mandel E.
Cohen, Richard B.
Cole, Edwin M.
Colman, Roberta F.
Colman, Robert W.
Colvin, Robert B.
Confer, David B.
Connelly, John P.
Conners, C. Keith
Constable, John D.
Coons, Albert H.
Cooperman, Sheldon
Cope, Oliver
Cope, Stuart
Cori, Carl F.
Corning, Howard B.
Corry, Robert J.
Cosimi, A. Benedict
Crabtree, Harvard H.
Craver, Joe M.
Crawford, Dorothy M.
Crawford, John D.
Cronk, Richard V.
Cronkhite, Leonard W., Jr.
Crystal, Ronald
Cserr, Robert
Culver, Perry J.
Currens, James H.
Cutler, Bruce St. J.
Daggett, Willard M., Jr.
Daland, Ernest M.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
d'Autremont, Chester C.
Davidoff, Frank F.
Davidson, Gerald E.
Davies, John A. V.

Boston (continued)

Degirolami, Umberto
Dehner, Gerard A.
DeLong, George R.
DeLorme, Thomas L.
d'Elseaux, Frank C.
DeSanctis, Roman W.
DeWilde, Herman
Deykin, Daniel
Dienes, Louis L.
Dineen, James J.
Dinsmore, Robert E.
Donaldson, Gordon A.
Donoff, Robert B.
Donovan, Donald D.
Dretler, Stephen P.
Dreyfus, Pierre M.
Dreyfuss, Jack R.
Drop, Lambertus J.
Duchon, Jiri
Duda, Gerhart A.
Durant, Thomas S.
Duritz, Gilbert
Dvorak, Harold F.
Dwyer, Thomas F.
Dyer, Thomas E.
Eaton, Ann E.
Eaton, S. Boyd
Egbert, Lawrence
Ein, Daniel
Eisenberg, Carola B.
Eisenberg, Leon
Eliot, Christopher R.
Eliscu, Edward H.
Ellis, Daniel S.
Ellis, Lawrence B.
Ellman, Leonard L.
Elsey, Edward C., Jr.
Engel, Lewis L.
England, Albert C., Jr.
Erdmann, Albert J., III
Ervin, Frank R.
Estes, Joseph W.
Evans, Robert E.
Ewald, Frederick C.
Falke, Konrad
Faulkner, James M.
Fawsett, Don W.
Fazioli, Ruth A.
Federman, Daniel D.
Feingold, Murray
Feldman, Charles L.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Field, Mark G.
Figman, Robert J.
Finck, Albert J.
Fine, Jacob
Finseth, Frederick J.
Fischer, John
Fischer, Josef E
Fisher, C. Miller
Fisher, Michael
FitzHugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flacke, Joan W.
Flanagan, Joseph M.
Flaxman, B. Alan
Fleischli, Donald J.
Fleischner, Felix G.
Fleming, T. Corwin
Folkman, Moses J.
Forbes, Anne P.
Forrester, Deborah M.
Foster, Gerald S.
Fozard, James L.
Fowler, Joseph W. III
Franklin, William
Franseen, Clifford C.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Freeman, Joel B.
Freymann, John G.
Friedlich, Allan L.
Furman, Eric B.
Galdabini, James J.
Gallia, Francis J.
Ganz, Robert N.
Gardella, Joseph W.
Gardner, George E.
Gardner, Laurence B.
Garland, Joseph
Garrett, John C.
Garrett, John W. D.
Gauld, A. Gordon
Geffin, Bennie
Geiger, Ronald H.
Gelb, Lawrence D.
Gephart, F. Thomas
Gergely, John
Gezon, Horace M.
Gibbs, Richard F.
Gibson, James M.
Ginsberg, Myron D.
Glick, John L.
Glicklich, Earl A.
Glimcher, Melvin J.
Glotzer, Donald J.
Glueck, Michael A.
Gold, Gerald N.
Gold, Howard E.
Goldberg, Alan H.

Boston (continued)

Goldberg, Michael J.
Goldblatt, Allan
Goldfein, Michael
Goldfinger, Stephen E.
Goldman, Gerald C.
Goodman, Derek J.
Goodman, Max L.
Goodwin, John A.
Goudsouzian, Nishan G.
Grave, Gilman D.
Green, Thomas H., Jr.
Green, William T., Jr.
Greenberg, Martin H.
Greenleaf, David T.
Greisman, John J.
Griesemer, Robert D.
Griffith, Donald P.
Griffith, John F.
Grillo, Hermes C.
Griscom, Nathan T.
Gross, James B.
Gross, Jerome
Grove-Rasmussen, Morton
Grover, John W.
Guarino, Arthur V.
Guralnick, Walter C.
Guzzetta, Joseph A.
Haber, Edgar
Hackett, Thomas P.
Hadler, Nortin M.
Haessler, Herbert A.
Hairabet, John K.
Halldorsson, Thortakur S.
Hallowell, Phillips
Harley, Barbara M.
Harper, David T., Jr.
Harris, Edward D., Jr.
Harris, Jerry L.
Harthorne, J. Warren
Harris, William H.
Harwood, Reed
Haschemeyer, Audrey E. V.
Hashimoto, Ken
Hatfield, Philip M.
Hawes, Lloyd E.
Hayden, E. Parker
Hayden, Jay G.
Head, John M.
Hedberg, Stephen E.
Hedley-Whyte, John
Heller, Richard M.
Henderson, Bruce M.
Hendren, W. Hardy
Hendrick, Ives
Henneman, Elwood
Hennessey, John W.
Herbst, Arthur L.
Herndon, James H.
Heros, Roberto C.
Hershberg, Robert A.
Hildebrand, Zonda J. M.
Hill, Marjorie J.
Hill, William R., Jr.
Hodge, Alan J.
Hogg, James C.
Holder, Richmond
Holmes, Lewis B.
Hopkins, Cyrus C.
Hopkins, Robert P.
Hori, Yoshioki
House, James M.
Howe, Henry D.
Howry, Douglass H.
Huber, William M.
Huddleston, James I.
Hugenberger, Paul W.
Huggins, Charles E.
Humphreys, Storer P.
Huntington, Benjamin L.
Hur, Su-Ryong
Hurxthal, Lewis M.
Hussey, Robert W.
Hutcheson, Bellenden R.
Hyslop, Newton E., Jr.
Imbembo, Anthony L.
Ingersoll, Francis M.
Irwin, John W.
Irwin, Robert J., Jr.
Iskandar, Adly H.
Isselbacher, Kurt J.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
James, A. Everette, Jr.
Jang, Geun C.
Janower, Murray L.
Jarrett, Fredric
Jayasankar, Subramanyan
Jeanloz, Roger W.
Jenkins, Charles K.
Jones, Chester M.
Jones, H. Walter, Jr.
Jones, Wallace A.
Jones, Wm. Norman
Joplin, Robert J.
Joseph, John B.
Junker, Barnett J.
Kabbani, Mahmoud M.
Kadish, Sidney P.
Kahan, Barry D.
Kaiser, John S.
Kalckar, Herman M.
Kane, Lewis W.

Boston (continued)

Kantrowitz, Paul A.
Karamanian Agop V.
Karian, Edward
Katz, Allan M.
Katz, Elton P.
Kaufman, Jay H.
Kazanjian, Kenneth A.
Kazemi, Homayoun
Kearsley, Richard B.
Keenan, M. Edward
Keenan, Thomas J.
Keller, John W.
Keller, Robert B.
Kelley, Rita M.
Kelley, Sylvester B.
Kelly, Leo T.
Kempczinski, Richard F.
Kennedy, Louis J.
Kerr, Walter S., Jr.
Ketchum, William F.
Kety, Seymour S.
King, M. Vernon
Kinsey, Dera
Kite, Owen W.
Kjellberg, Raymond N.
Kliman, Bernard
Kline, Irvin K.
Kline, Robert M.
Knapp, Peter H.
Knowles, John H.
Koch-Weser, Jan
Kohn, Henry I.
Kolodny, Gerald M.
Kopald, Hugh H.
Kopriva, Charles J.
Kornblith, Paul L.
Kotner, Lawrence M., Jr.
Koumans, Alfred J. R.
Kozol, Harry L.
Kramer, Dieter
Krane, Stephen M.
Kranes, Alfred
Kravitz, Arthur R.
Kubik, Charles S.
Kuhns, John G.
Kulka, Johannes P.
Kumpe, David A .
Kunz, Lawrence J.
Lamdin, Susanne J.
Lamont, John H.
Langston, Charles S.
Laver, Myron B.
Lawrence, Glenn W.
Lawson, Dexter W.
Lazare, Aaron
Leadbetter, Wyland F.
Leaf, Alexander
Leak, Lee V.
Lee, Jeffrey S.
Leeman, Cavin P.
Lees, Robert S.
Leff, Robert
Lehrich, James R.
Leibel, Rudolph L.
Leibovich, Miguel A.
Lele, Padmakar P.
Lerman, Jacob
Leskowitz, Sidney
Lever, Walter F.
Levey, Raphael H.
Levine, Herbert J.
Levine, Melvyn B.
Levitan, Julius J.
Levy, Bernard S.
Levy, Harvey L.
Levy, Ronald
Lewis, Allen S.
Lewis, Michael B.
Lincoln, Robert C.
Linekin, Arthur J.
Liss, Robert A.
Lithwick, Norton H.
Little, John B.
Littlefield, John W.
Litwin S. Bertrand
Livesay, Richard W.
Lo, Hing-Har
Loftus, J. Gerald
Lombroso, Cesare T.
Lorch, Stephen
Lorenz, Maria
Lott, Ira T.
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
Lowis, Samuel
Ludwig, Alfred O.
Lund, Charles C.
Lupien ,Gordon F.
Mabrey, Roy E.
MacAusland, William R., Jr.
MacDougal, Bruce A.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacMillan, Alexander S., Jr.
Maderson, Paul F. A.
Malkin, Richard B.
Malone, Lawrence J.
Maloof, Farahe
Malt, Ronald A.
Mann, Walter
Mannik, John A.

Boston (continued)

Mansfield, Peter B.
Manzi, Rita A.
Marble, Alexander
Marcus, Saul M.
Margolies, Michael N.
Mark, Eugene J.
Mark, Vernon H.
Marsland, David W.
Martin, Albert R.
Martin, Donald B.
Marx, Stephen J.
Mason, John W.
Masters, Richard
Mathé, Aleksander
Mathieu, Alix
Mayman, Chaim I.
Maynard, Edwin P., III
Mayo, Clara
Mayo, Richard A.
McAlpine, Frederick S.
McArthur, Janet W.
McCormack, Geraldine A.
McCormack, William M.
McCully, Kilmer S.
McDermott, William V., Jr.
McEnany, Michael T.
McFarland, James C.
McGann, Robert C.
McGuire, Michael T.
McKenna, Paul
McKittrick, John B.
McKittrick, Leland S.
McLaughlin, Ambrose P., III
McNamara, Joseph J.
McNeely, William F.
McNeil, Barbara J.
McNeill, J. Malcolm
McPeek, Bucknam
Medoff, Gerald
Medrek, Theodore F.
Melbin, Murray
Mesaros, Marie A.
Messner, Edward
Michelsen, Jost J.
Miller, Cynthia A.
Miller, Lawrence M.
Mills, John A.
Mills, Lawrence J.
Miner, Richard L.
Ming, Si-Chun
Minna, John D.
Mixter, Charles G., Jr.
Mixter, Charles G., III
Moellering, Robert C., Jr.
Momose, K. Jack
Monaco, Anthony P.
Moncure, Ashby C.
Monchik, Jack M.
Moolton, Frederick L.
Moore, Francis D.
Moore, Gordon T.
Moore, Michael J.
Moore, William R.
Morley, Helen R.
Morris, Roger H.
Morrison, Harvey R.
Moser, Hugo W.
Moses, John M.
Mueller, Harry L.
Mulliken, John B.
Mullin, Edward M.
Mundth, Eldred D.
Murphy, John D.
Murphy, William F.
Murray, Joseph E.
Murray, Michael
Myers, Gordon S.
Nadas, Alexander S.
Nahor, Amos
Nalebuff, Edward A.
Nardi, George L.
Nash, Gerald
Nathan, Louis
Nathan, Martin J.
Nebesar, Robert A.
Neiberg, Norman A.
Nelson, Michael M.
Nemiah, John C.
Neuhauser, Edward B. D.
New, Paul F. J.
Newhouse, Jeffrey H.
Nienhuis, Arthur
Nigra, Thomas P.
Nikaido, Hiroshi
Norcross, John W.
Noss, George M.
Nozik, Daniel L.
O'Connell, Francis D.
Oh, Kook S.
Oh, Won Hwan
Ojemann, Robert G.
Okun, Milton R.
O'Machi, Rodney S.
Oparil, Suzanne
Orr, James C.
Osborne, Robert K.
O'Shea, Kathleen T.
Ottinger, Leslie W.
Otto, William J., Jr.
Ouellette, Eileen M.
Page, David L.
Palmer, Robert S.
Pappalardo, A. Neil
Parkhurst, Edward C.

Boston (continued)

Parsons, Langdon
Pascale, Jane Fay
Patel, Dineshkumar G.
Pathak, Madhukar A.
Patterson, Robert D.
Pearlman, Alan L.
Pechet, Maurice M.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Perlstein, George
Petersen, James A.
Pfister, Richard C.
Phillips, Edgar B., III
Phillips, Frederic J.
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Chester M.
Pierce, Donald S.
Pittman, Thomas A.
Pitts, William R., Jr.
Platt, Melvin R.
Poczatek, Zygmunt W.
Point, W. Warren
Pollard, James J.
Pollard, John T., Jr.
Pollen, Daniel A.
Pontopidan, Henning
Porter, Huntington
Poskanzer, David C.
Poss, Robert I.
Poss, Thomas D.
Potsaid, Majic S.
Potts, John T.
Poulin, Frederick K.
Powell, William, Jr.
Pratt, Theodore C.
Prescott, Richmond
Preston, Edwin T.
Price, Donald L.
Prieto, Alberto, Jr.
Purves, Dale
Quarton, Gardner C.
Quinby, John T.
Quinby, William C., Jr.
Rabe, Edward F.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Eric L.
Raker, John W.
Ramirez-Lassepas, Manuel
Randerath, Erika E.
Randerath, Kurt
Raphling, David L.
Rapin, Annette M. C.
Ray, Barbara A.
Record, Eugene E.
Reid, Duncan E.
Remensnyder, John P., Jr.
Replogle, Robert L.
Rever, George W.
Reyersbach, Gertrud C.
Reynolds, Stephen L.
Rice, Jack O.
Rich, James G., Jr.
Rich, James G.
Richardson, Edward P.
Richardson, George S.
Richter, Howard A.
Riddle, David E.
Rider, Robert F.
Rieder, Sidney V.
Riseborough, Edward J.
Robbins, Laurence L.
Robboy, Stanley J.
Robertson, Charles W.
Robinson, Dwight R.
Robinson, John C.
Rodkey, Grant V.
Rolde, Alexandra Kail
Ropes, Marian W.
Rosen, Barbara J.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberger, Peter B.-B.
Rosene, Philip G.
Roser, Steven M.
Rosman, Norman P.
Roth, Sanford I.
Rothbaum, Donald A.
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rutstein, David D.
Ryan, James J.
Sabesin, Seymour M.
Sachs, David H.
St. Goar, Walter T.
Saffer, S. David
Salam, Maria V. Z.
Salib, Philip I.
Salisbury, Kent W.
Samaha, Frederick J.
Sanchez, Guillermo C.
Sanders, Charles A.
Sanders, Jay H.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Scannell, J. Gordon

Boston (continued)

Schantz, Arthur S.
Schapiro, Robert H.
Schauble, James F.
Scheuplein, Robert
Schmidek, Henry H. H.
Schmitt, E. William, Jr.
Schofield, Peter
Scholl, Mary Louise
Schulz, Milford D.
Schuster, Samuel R.
Schwab, Robert S.
Scott, Jesse F.
Scott, Richard D.
Scott, William R.
Scully, Robert E.
Sears, John B.
Seigne, Talbot D.
Seldin, Edward B.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Seyer, Jerome M.
Shangraw, Keith A.
Shannon, Daniel C.
Sharp, Geoffrey W. G.
Shattuck, George C.
Shaw, Robert S.
Shea, Thomas E.
Shean, Fredric C.
Sheldon, Charles P.
Shields, Lawrence T.
Shneidman, Edwin S.
Short, Charles L.
Shurman, Joseph
Sidel, Victor W.
Sidman, Murray
Sidman, Richard L.
Sifneos, Peter E.
Simmons, Alvin
Simon, Harold
Simon, Harvey B.
Simon, Sheldon
Simon, William B.
Sisson, John H.
Sisson, Warren R.
Skinner, James C.
Skinner, Mary D.
Sledge, Clement B.
Slater, Barbara L.
Sleeper, Edward L.
Sloane, Robert E.
Sloane, Robert W.
Sloss, Laurence J.
Smedley, Lois M.
Smith, Charles M.
Smith, Gene M.
Smith, Richard G.
Smith, Richard M.
Smith, Thomas W.
Smitherman, Thomas C.
Smith-Petersen, Morten
Smithwick, Reginald H.
Snodgrass, Samuel R.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Harry C.
Solorzano, Oscar
Soloway, Albert H.
Soper, Michael R.
Sosman, John L.
Soter, Nicholas A.
Southmayd, William W.
Spangler, Arthur J.
Sparling, Philip F.
Spear, Louis M.
Speare, George S.
Spellman, John W.
Spinelli, Ralph W.
Squires, Homer J.
Stachiewicz, Danuta M.
Steele, Robert E., Jr.
Steinman, Ralph M.
Stempien, J. Henry
Stephenson, Mary L.
Stewart, Michael M.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Lawrence A.
Stossell, Thomas P.
Stratton, Kathleen
Strickler, William L.
Strieder, Denise J.
Strole, William E., Jr.
Sturdevant, Charles L.
Sturgis, Somers H.
Suby, Howard I.
Sukenik, Herbert J.
Sullivan, William H.
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, Roger H.
Sweet, William H.
Szabó, George
Szyfelbejn, Stanislaw
Taft, Edgar B.
Taft, Priscilla D.
Talbot, Nathan B.
Tantum, K. Robert
Taunton, Oscar D.
Tefft, Melvin
Temple, Anthony R.
Tew, John McL.
Thier, Samuel O.

Boston (continued)

Thoma, Kurt H.
Tilley, Robert F.
Toda, Kiyoshi
Todd, Donald P.
Tolkoff, Nina E.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Touchette, Paul E.
Trachtenberg, Howard A.
Travis, Dorothy F.
Travis, Kenneth
Trevett, Laurence D.
Trivus, Robert H.
Trowbridge, Frederick L.
Truman, John T.
Tucker, Walter I.
Ulfelder, Howard
van Amerogen, Suzanne T.
Vanderveen, James L.
Van Pelt, Ingeborg
Vermillion, Clinton D.
Vickery, Austin L., Jr.
Villee, Dorothy B.
Volpe, Joseph J.
Wacks, Jerry
Wallace, James W.
Wallach, Donald F. H.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ware, Roland G., Jr.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Wasserman, Linda
Watkins, Arthur L.
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waugh, Nancy C.
Webb, Suzanne S.
Weber, Alfred L.
Webster, Edward W.
Wedrow, Earl M.
Weinberg, Arnold N.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinshilboum, Richard M.
Weinstein, Louis
Weintraub, Ronald M.
Weiss, Alfred D.
Weiss, Ira W.
Welch, Claude E.
Welch, John P.
Wells, Lionelle D.
Wepsic, James G.
Wesley, John R.
Wexler, Marvin J.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
White, Alan F.
White, James C.
White, Paul D.
Whiting, Richard G.
Whitlow, Dennis R.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willens, John S.
Williams, Christine L.
Williams, Conger
Williams, Roger A.
Williams, Vernon P.
Winkler, Gerald F.
Winn, Henry J.
Wipfelder, Rosemarie
Wirthlin, LeRoy S.
Wishner, Stanley H.
Wittenberg, Jack
Wolf, Laurence E.
Wolfe, Hubert J.
Wolpow, Edward R.
Woo, Sybil Wong
Wood, David J.
Woodruff, Lorande M.
Woods, Bryan T.
Worden, J. William
Worthington, Michael G.
Wright, Barbara E.
Wright, R. Lewis
Wyman, Edwin T., Jr.
Wyman, Stanley M.
Yakovlev, Paul I.
Yankauer, Alfred
Yett, Harris S.
Yodh, Shyam B.
Yokoyama, Mitsuo M.
Young, D. Michael
Young, Hugh H., II
Young, Robert R.
Yurchak, Peter M.
Zacharias, Leona
Zamcheck, Norman
Zamecnik, Paul C.
Zeitlin, Gerald L.
Zeller, John W.
Zervas, Nicholas T.
Zigmond, Naomi
Zimbler, Seymour
Zinninger, George F.

Bridgewater

Barrows, Lawrence J.

Brighton

Broderick, Thomas F., Jr.

Cavanaugh, James J. A.
Flynn, Robert E.
Hurston, Ronald O.
Lindemann, Erich
O'Brien, Richard G.
Yount, William J.

Brockton
Chase, John S.
Dickersin, G. Richard
Duncombe, Alfred L.
Miller, Abbott R.
Sinesi, Sabino J.

Brookline
Albright, Fuller
Barker, Robert H.
Barsh, Laurence I.
Beuscher, William F.
Bogoch, Samuel
Burgin, Leon B.
Chalpin, George
Cline, Herbert S.
Darling, R. Clement
Derow, Harry A.
Dyer, Edward C.
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Hoeffel, Gerald N.
Holland, Daniel J., Jr.
Hormell, Robert S.
Kahana, Eda M.
Kety, Josephine G.
Kris, Kathryn Beck
Levin, Sidney
Linton, Robert R.
MacAusland, Andrew R.
Mittel, Newman S.
Modell, Arnold H.
Muirhead, Donald M., Jr.
Mushatt, Cecil
Newell, John L.
Peters, John H.
Potter, Maxwell G.
Prather, George C.
Rhodes, Frank I.
Rock, John
Salzman, Edwin W.
Schatzki, Richard
Schatzki, Stefan C.
Shea, Cornelius J.
Smith, Judson A.
Smith, William D.
Sturgis, George P.
Surls, Joseph K.
Thomas, William H.
Viets, Henry R.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Anliker, James E.
Balch, Franklin G., Jr.
Bell, Eugene
Bock, Arlie V.
Brazelton, T. Berry
Carter, Franklin
Catlin, Randolph, Jr.
Cohen, Morris
Coles, Martin R.
Coolidge, John C.
Damon, Albert
Dawes, Daniel C.
Decker, Briant L.
Deutsch, Helene
Dexter, Chester J.
Dreier, Theodore, Jr.
Evans, Robley D.
Everett, Henry C., III
Farnsworth, Dana L.
Floyd, Cleveland
Frank, Thomas
Gates, Philip H.
Gordon, John E.
Grunebaum, Henry U.
Hansen, Robert J.
Hardy, Harriet L.
Heilbronn, Yechiel D.
Hubbard, Eliot, Jr.
Linnell, Zenos M.
Lurie, Hugh J.
Manson, James G.
Mason, Edward A.
Matz, Myron H.
Means, Paul H.
Merrill, Edward W.
Miller, Alfred E.
Miller, Elliott V.
Porter, Philip J.
Postel, Sholem
Reid, Elizabeth Aub
Richie, Robert H., Jr.
Robey, John S.
Rosales, Remedios K.
Ross, Ralph A.
Sachs, Benjamin
Scatchard, George
Sharpe, William, Jr.

Shelton, William R.
Sprague, Howard B.
Stanbury, John B.
Tingey, William H., Jr.
Toll, Karel van Syckel
Townsend, James H.
Trump, John G.
Weinberger, Jerome L.
Weiner, Leonard R.
Weiss, Ruth S.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zetzel, Elizabeth R.
Zinberg, Norman E.

Canton
Yens, Otto C.

Carlisle
Haendel, Frank

Chelsea
Barrie, Joseph R.
Keitt, Alan S.

Chestnut Hill
Daniels, Edward M.
Daniels, Hadassah S.
Hodgson, John S.
Homans, John, Jr.
Thorndike, Augustus
Wermer, Henry
Wermer, Olga S.

Cohasset
Morse, George W.
Sceery, Robert T.

Concord
Austin, Richard C.
Fay, Gardner F.
Ginandes, Shepard C.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hoover, Terrance D.
Keuper, Charles S.
McDonald, Francis C.
Norton, Paul L.
Ruboy, Jordan S.
Toomey, Edward G.
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Jones, Wallace A.
Patton, Anthony S.
Thornton, Clarence E.

Dedham
Putnam, Henry M.
Rectanus, Daniel R.
Soutter, Lamar
Sweetnam, George H.

Dorchester
Dempsey, Peter A.
Feldman, Morton V.

Dover
Clowes, George H. A., Jr.
Santoro, Benjamin T.

Duxbury
Fowler, Dwight M.

East Falmouth
Steel, David

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Spencer, Jack

Falmouth
Bixby, H. Irving

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Carroll, Brian C.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore
Senghas, Richard E.

Gardner
McPeak, Clarence N.

Greenfield
Buchanan, William R., Jr
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Harvard
Wolterbeek, Jacob C.

Hathorne
Crossfield, Ruth M.
Hagopian, Peter B.

Hingham
Eldredge, LeRoy L., Jr.

Holyoke
Bagg, Edward P., Jr.
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.

Jamaica Plain
Chute, Richard
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Luongo, Michael A.
Timberlake, William H.
Turner, Roderick H.
Zieper, Irving

Lawrence
D'Urso, John J.
Holihan, Joseph P.
O'Shea, James A.

Leominster
Wheeler, Charles A.

Lexington
Bellinger, Martin J.
Cosgrove, William L
Friedman, Leonard J.
Joseph, Alfred T.
Mixter, Charles G., Jr.

Lincoln
Keevil, Charles S., Jr.
Murphy, Ruth

Longmeadow
Huston, Lewis L.
Plotkin, Leonard H.

Lowell
Grant, George J. M.
Letsou, Vasilios G.

Lynn
Connolly, Thomas F.
O'Keefe, Edward S.
Sarris, Spiros P.
Slater, Eliot M.
Taggart, F. Howard, Jr.

Lynnfield
Newhall, Harvey F.

Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Scanlon, John W.

Manchester
Fremont-Smith, Maurice

Marblehead
Hopkins, Stanford W.
Kimball, Peter G.

Mattapan
Calderon, Doninador C.

Mattapoisett
Empson, Dora R.

Medford
Guthrie, Andrew D., Jr.
O'Connor, Harrison

Melrose
Glines, George A.
Osgood, Herman A.
Thorp, Edward G.
Watson, Richard H.

Milton
Dickson, William A.
Driscoll, Robert A.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina

Nahant
Lawson, George B.

Natick
Hanelin, Joseph

Needham
Jackson, Henry, Jr.
Vanderpol, Maurice

New Bedford
Lewis, Emory O.
Tripp, Curtis C.

Newburyport
Bullard, Carleton W.

Newton
Adler, Morris H.
Brooks, Leslie
Cion, Maurice C.
Dierks, Marianne
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.

Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Derow, Sidney
Gill, Benjamin F.
Kennard, Harrison E.
Livingstone, John B.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.

Newton Highlands
Brailey, Allen G.
Kaplan, Samuel

Newton Lower Falls
Garcelon, Gerald
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.

Norfolk
Yatsuhashi, Masao
North Adams
Urmy, Thomas Van O.
Northampton
Averill, James H.
O'Shea, Clare Marshall
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Peabody
Lurie, Arthur S.
Pittsfield
Tracy, Robert J.
Plymouth
Haggart, G. Edmund
Hamilton, Harold H.
Pocasset
Sanborn, Frederick
Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David
Randolph
Moore, Robert F.
Roslindale
Guardo, James L.
Linenthal, Arthur J.
Roxbury
Dumont, Mathew P.
Talamo, Richard C.
Salem
Clark, DeWitt S., Jr.
Conway, Richard E.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Stebbins, Henry D.
Thompson, Richard H.
South Dartmouth
Hamlin, Edward, Jr.
Higgins, Robert B.
South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.
South Hamilton
Bacon, William B.
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Hoyt, W. Fenn
Lewis, James
Williams, David W.
Zacarian, Setrag A.
Stockbridge
Kimberly, Charles H.
Stoneham
Mueller, H. Peter
Sudbury
Johnson, F. George
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Truro
Heath, Clark W.
Vineyard Haven
Butler, Allan M.
Waban
Beuscher, Ruth B.
Gallagher, Francis P.
Olin, Harry S.
Wakefield
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Edelstein, Leon M.
Hardy, Irad B.
Holmes, Joseph A.
Lewis, Joseph L.
Shulman, Leonard B.
Simmel, Marianne L.
Wareham
Lincoln, James R.
Watertown
Spillane, John B.
Waverley
Cohen, M. Michael
Denton, Jane E.
Winer, Richard A.
Wellesley
Flanagan, Norris B.
O'Sullivan, Renée B.
Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Fromer, John L.
Gill, Peter Lawrence
Gray, Basil C.
Parker, Jack S.
Pfeffer, William, Jr.
Pippitt, Richard B.

Reidy, John A.

Wenham
Rogers, Daniel M.

West Concord
First, Robert A.

West Falmouth
Faxon, Nathaniel W.

West Harwich
Carney, Henry J.

West Newton
Berezin, Martin A.

Weston
Choras, Peter T.
Endee, Charles H.
Moreton, John R.
Rogers, William P., Jr.
Swan, Channing S.
Van Nuys, Fresenius

West Roxbury
Littmann, David
McGovern, Joseph J., Jr.
Sasahara, Arthur A.
Stetson, Richard P.

Westwood
Curwen, William L.
Taylor, John B.
Winter, William D., Jr.

Williamstown
Reynolds, George S.

Winchester
Annino, Donald J.
Clark, Richard J.
Harris, Eddie H.
Kaufmann, Gustav G.
Kermond, William L.
Marks, George A.
McLean, John D.
Rendall, Edward S.

Woburn
McKenzie, Wilfred L.

Worcester
Burrow, Jarrel G.
Carmody, John T. B.
Damiani, Clito R.
Duggan, John A.
Harper, Robert S.
Howard, Philip J., Jr.
James, Lewis P., Jr.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Pittman, Joseph G.
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

MICHIGAN

Ann Arbor
Bishop, Ronald C.
Chamberlin, Robert W., Jr.
Harrison, Timothy S.
Krickstein, Herbert I.
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Esslinger, John O.
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Bloomfield Hills
Beck, Laurence H.

Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphone M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Pointe Woods
Krickstein, Herbert I.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Saranac
Faust, Lawrence W.

Trenton
Fuson, W. Arthur

MINNESOTA

Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
McKhann, Charles F.
Peterson, Harold O.

Pohl, John F.
Rodgers, Richard S.
Wang, Yang
Williams, Ralph C., Jr.

Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.

St. Paul
Larkin, John E., Jr.

Worthington
Amick, Arthur F.

MISSISSIPPI

Biloxi
Civetta, Joseph M.

Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI

Glendale
Shuter, Eli R.

Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

St. Joseph
McDaniel, John R.
Riddell, Richard V.

St. Louis
Baddock, Sheldon S.
Baue, Arthur E.
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Feigin, Ralph D.
Funsch, Robert E.
Gaston, Lamont W.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Jamison, Rex L.
Lehman, Ralph A. W.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Vagelos, Pindaros R.
Waltman, Stephen R.
Waxman, Herbert S.

NEBRASKA

Omaha
Bisgard, James D.
Luikart, Ralph H.
Owen, Pere A.

NEVADA

Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

NEW HAMPSHIRE

Concord
Mintz, E. Ross

Dover
Wilson, Robert F.

Dublin
Meath, James A.

Exeter
Curtin, Richard R.
Heyl, James T.

Greenville
Hitchcock, James

Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, Oscar S., Jr.
Sycamore, Leslie K.

Jaffrey Center
Millard, D. Glyn

Keene
Ash, Homer L.
Gregory, Harold E.

Laconia
Baker, William J.

Manchester
Bienvenu, Lester J.
Colokathis, Paul
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.

Newbury
Fish, James E.

New London
Beaman, George B.

Orford
Hall, Marshall G.

Peterborough
Watkins, Arthur L.

Portsmouth
Piper, Edmund L.

Sunapee
Dickson, Carol C.

NEW JERSEY

Bloomfield
Hobson, Lawrence B.

Boonton
Ward, Albert J.

Elizabeth
Gorman, Rosemary V.

Englewood
Waldron, Robert L., II

Englewood Cliffs
Roberts, Charles D.

Glen Ridge
D'Alessandro, Genesio L.

Hightown
Munro, Jeannette

Madison
Diehl, Sylvia Davies

Montclair
Greene, Robert G.

Newark
Schaaf, Royal S.

New Brunswick
Kuhn, William G., Jr.

Paterson
Sporer, Edita Sternova
Van Eerde, Albert

Princeton
Dalrymple, Willard
Levy, Ralph H.
Rothberg, Harvey D., Jr.

Short Hills
Willetts, Arthur T.

Shrewsbury
Judd, Alvan B.

Springfield
Wosnitzer, Morey

Trenton
Karchmer, Adolf W.
Rosenthal, Albert L.

Washington
Horwitz, William H.

NEW MEXICO

Albuquerque
Adler, Scott
Mora, Federico
Parnall, Edward

Clovis City
Bonomo, Gregory R.

Los Alamos
Grier, Robert S.
Shipman, Thomas L.

Santa Fe
Lunt, Lawrence K.

NEW YORK

Albany
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.

Bath
Traver, Ralph F.

Bronx
Abramowicz, Mark
Barondes, Samuel H.
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert

Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C. B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard
Winter, Peter M.

Cleverdale
Tefft, Richard C., Jr.

Cooperstown
McIver, Monroe A.
Sahler, Otto DeP.

Croghan
Guller, Erastus I.

Delmar
Berg, Howard W.

Fayetteville
Neptune, Edgar McC.

Glen Oaks
Kantor, Martin J.

Glens Falls
Batt, Richard C.

Hollis
Stearns, Thornton

Kenmore
Schenk, Worthington G., Jr.

Kingston
Gorman, Mary L. Gannon

Larchmont
Haralambie, James Q.

Littleneck, Long Island
Wenig, Martin

Manhasset, Long Island
Ayers, William B.
Nicosia, Arnold P.

Margaretville
Mackie, Robert W.
Mechanicville
Ryan, James P.
Mount Morris
Judd, James M.
New Hartford
Millet, J. Bradford
New York City
Alper, Joseph M.
Ault, Lynn L.
Binder, Sheldon C.
Boger, William P.
Bowden, Lemuel
Brewster, William R., Jr
Carroll, Robert E.
Chamberlain, J. Maxwell
Coffey, Edward L., Jr.
Cohn, Zanvil A.
David, John R.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Goldblatt, Myron E.
Gomatos, Peter J.
Grant, Lester H.
Hajek, Joseph V.
Heffron, Roderick
Henley, Thomas F.
Hiebert, John M.
Hirschman, Shalom Z.
Hobson, Lawrence B.
Hofer, Myron A., II
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Klenk, Eugene L.
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward
Luck, David J. L.
Mach, Bernard F.
Maier, John
Malcolm, John A.
Metcalf, Kenneth M.
Moore, Burness E.
Mote, John R.
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Quan, Stuart H. Q.
Rappleye, Willard C.
Rovit, Richard L.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Stason, William B.
Stenger, Richard J.
Squire, Lucy F.
Surls, Joseph K.
Tenney, Vivian A.
Thompson, Walter A.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Youmans, John B.

APO New York
Dunbar, Ronald W.
Johnson, Louis F.
Marcy S. Michael
Prieto, Alberto, Jr.
Urbaniak, Henry S., Jr.
Walker, Michael J.
Pelham
McHugh, Paul R.
Plattsburg
Barton, Lyman G., Jr.
Poughkeepsie
Bedell, Wallace C.
Keeley, James K.
Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Boller, Charles
Crawford, Henry B.
Defalco, Alfred J.
Egel, Norman
Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Hall, Thomas C.
Jones, Robert H.
Morgan, William L., Jr.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.
Scarsdale
Hammond, William
Lipman, Marvin M.

Newman, Herbert A.
Seed, John C.
Schenectady
Rogers, William
Syracuse
Dunn, Edward
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Silverman, A. Clement
Troy
Talin, John J.
Upton, Long Island
Cotzias, George C.
Dahl, Louis K.
Utica
Case, Clarke T.
Knapp, Robert G., Jr.
Watertown
George, H. Louis, Jr.
Woodbury
Charash, Leon I.

NORTH CAROLINA

Asheville
Morrison, Roger W.
Neville, Charles W., Jr.
Camp Lejeune
Rosenberg, Bruce M.
Chapel Hill
Barnett, Thomas B.
Burnett, Charles H.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
Madden, John W.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Rolett, Ellis L.
Taylor, Isaac M.
Charlotte
Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Pearse, Richard L.
Appel, Stanley H.
Katz, Samuel L.
Kelley, William N.
Lang, David J.
Peete, William P. J.
Persons, Elbert L.
Reeves, Robert J.
Rygorsky, Jerome E.
Fayetteville
Henry, William B.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Morganton
Vernon, James T.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Rhodes, John S.
Wooten, E. Jane Herring
Worth, Thomas C.
Young, David A.
Southern Pines
McMillan, Robert M.
Wilmington
Graham, Charles P.
Winston-Salem
Bostic, William C., III
Cole, Monroe
Conrad, Elizabeth

NORTH DAKOTA

Sioux Falls
Barlow, John F.

OHIO

Akron
Kramer, James G.
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Canton
Morgan, Winfield S.
Scott, Murray W., Jr.
Cincinnati
Acheson, George H.
Block, Gordon L.
Freiberg, Joseph A.
Gall, Edward A.
Jordan, Earl F.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Cleveland
Badal, Daniel W.
Banker, Betty Q.
Bloomfield, Daniel K.
Evans, Richard R.

Ford, Amasa B.
Glover, Donald M.
Groves, Laurence K.
Hopkins, Robert W.
Jefferies, William McK.
Kendrick, James I.
Kennedy, John H.
Miller, James G.
Normann, Nils
Pearson, Olaf H.
Rhinelander, Frederic W.
Ryan, Kenneth J.
Shannon, Edward W.
Simeone, Fiorindo A.
Weir, David R.

Cleveland Heights
Baumgartner, Donavin A., Jr.

Columbus
Dawson, Clyde W.
Ellis, Effie O.
George, Jack M.
Harper, David T., Jr.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.

Dayton
Flook, Samuel E.
Hochwalt, W. Richard
Kornfield, Michael A.

North Canton
Shipley, Margaret S.

Oberlin
Warner, John H., Jr.

Youngstown
Coombs, Frederick S.

Wooster
Jackson, Lee

OKLAHOMA

Altus
Hiett, Joan Kazanjian

Ardmore
Schuler, James D.

Lawton
Loescher, Richard A.

Muskogee
Fite, E. Halsell

Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Carter, George H.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.

Tulsa
Steele, Byron W., Jr.

OREGON

Arch Cape
Rockey, Eugene W.

Gilchrest
Mansfield, Peter B.

Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas

Portland
Baker, Russel L.
Boyden, Allen M.
Burns, E. Murray
Carter, Richard R.
Crary, Lyall S., Jr.
Ditmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Thatcher, Blair van H.
Whittemore, James P.

PENNSYLVANIA

Ardmore
Sampson, D. Allen

Bangor
Cascario, Nicholas, Jr.

Bethlehem
Leister, Claude M.

Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G.

Drexel Hill
Bora, F. William, Jr.

Erie
Monahan, John J.

Greentree
Chang, Wallace H.-J.

Harrisburg
Berkheimer, George A.

Hookstown
Bauer, Frank L.

Lansdale
Goeringer, C. Frederick

Latrobe
Moran, Thomas W., Jr.

Mechanicsburg
Gallia, Francis J.

Media
Kitts, Albert W.

Merion Station
Murphy, Grace L.

Philadelphia
Bailey, David W.
Bornstein, Donald L.
Brent, Robert L.
Dohan, F. Curtis
Donovan, Woodrow M.
Field, Richard A.
Fisher, Mary S.
Gabuzda, Thomas G.
Heath, Robert D.
Hirschhorn, Richard C.
Johnson, Dale G.
Ludwig, George D.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Montgomery, Hugh
Nicholson, Jesse T.
Noone, P. Francis
Peltz, William L.
Perrin, George M.
Rasmussen, Howard
Rasmussen, Jane S.
Roth, James L. d'A.
Ryan, Kevin G.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Vaughan, Victor C., III
Wood, Howard P.
Wyngaarden, James B,
Zacks, Sumner I.

Pittsburgh
Dwyer, John H.
Fennell, Robert H., Jr.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
McLaughlin, William B.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III

Selinsgrove
Bailey, Nelson E.

Springfield
Weinberg, Richard A.

Stroudsburg
Michie, Catherine R.

West Chester
Kimura, Kazuo K.

Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.

York
Farkas, Robert W.

RHODE ISLAND

East Greenwich
Madden, Edwin J.

Pawtucket
Hogan, John F.

Providence
Cotter, Walter C.
Cutts, Frank B.
Hamlin, Hannibal
Liffmann, Kenneth E.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Scott, H. Denman
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.

Warren
Forget, Bernard G.

Warwick
Aaronson, Leroy D.

SOUTH CAROLINA

Beaufort
Larson, Ronald R.

Charleston
Baker, Charles R. F., Jr.
Boone, John A.
Summerall, Charles P., III
Talbert, Oliver R.

Columbia
Haskins, Bruce J..
Theus, Walter W.

SOUTH DAKOTA

Myrtle Beach
Dretler, Stephen P.

Sioux Falls
Barlow, John F.
Wegner, Karl H.

TENNESSEE

Big Spring
Warren, Charles F.

Bristol
Gammon, William M.

Chattanooga
Ballard, Fred B., Jr.

Johnson City
Brindley, Clyde O.

Kingsport
Maloy, Joseph K.

Knoxville
Chrenoff, Amos I.

Memphis
Livermore, George R., Jr.
Nobles, Eugene R., Jr.
Paines, Richard B.
Rosenberg, E. William
Shaw, John L.
Stern, Neuton S.
Nashville
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Hall, Hugh D.
Lee, John M.
Newman, Elliott V.
Smith, Marion L.
Oak Ridge
Ruley, Henry B.

TEXAS

Austin
Kreisle, James E.
McCollum, Richard G.
Winkler, John J.
Beaumont
Hinshaw, Arvil J.
Dallas
Binion, John T.
Coggeshall, Howard C.
Giles, Robert B., Jr.
Helgeson, Norman G. P.
Hodges, T. Wiley
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Moore, S. Halcuit, Jr.
Rose, Patrick F.
Rosser, Curtice
Schneiderman, R. Neal
Siperstein, Marvin D.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, C. Gene
Wheeler, James T.
Williams, Oscar B., Jr.
Denison
Freeman, Don W.
El Paso
Miller, William L.
Fort Hood
Babb, Joseph D.
Schupack, Melvyn B.
Fort Sam Houston
Foley, F. Daniel
Fort Worth
Backman, John H.
Flood, William E.
Key, Robert E.
Murray, David B.
Renshaw, Charles L.
Rutledge, Robb H.
Houston
Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Keats, Arthur S.
McCollum, Richard G.
Owen, William R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
Lackland A.F.B.
Janis, Kenneth M.
McAllen
Evans, Sheridan S.
San Antonio
Nash, Andrea H.
Skinner, David B.
Struble, Robert A.
Thompson, Milton S., Jr.
Wolfson, Steven
Zawacki, Bruce E.
Sheppard A.F.B.
Sperling, Arthur L.
Taft
Jenkins, Charles K.

UTAH

Ogden
Keyes, Gale H.
Perkins, Arthur
Salt Lake City
Christensen, William R.
Christenson, William N.
Clark, Lincoln D.
Hebertson, Wayne M.
Nelson, Russell M.
Nielsen, Talmage W.
Rodman, Charles A., II
Young, Clark

VERMONT

Bennington
Baker, Dudley M.
Giddings W. Philip
Brattleboro
Sharpe, J. Douglass
Tompkins, J. Butler
Burlington
Bell, John F.
Donaghy, Raymond M. P.
Kuhlmann, Raymond F.

Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Molloy, Maureen K.
Smith, Robert P.
Soule, A. Bradley, Jr.
Tisdale, William A.
Young, William G.

Montpelier
Buttles, Roy V.

Waterbury
Chittick, Rupert A.

West Townshend
Folsom, Hugh F.

White River Junction
Anthonisen, Niels L.
Crandell, Walter B.

VIRGINIA

Alexandria
Collins, Richard
Lewis, John L., Jr.
Lotz, Myron

Arlington
Detwiler, Robert H.
Ormandy, Laszlo

Charlottesville
O'Brien, William M.
Parson, William
Swineford, Oscar, Jr.
Wood, J. Edwin, Jr.

Irvington
Wescott, Henry H.

McLean
Bridge, Edward M.

Richmond
Adams, Raymond A.
Blades, James F.
Callison, James R.
Carmichael, Miriam W.
Goodale, Fairfield, Jr.
James, G. Watson, III
Jones, Basil R.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Williams, G. Melville

Roanoke
Glendy, Margaret Moriarty
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.

Williamsburg
Jones, Thomas B.

WASHINGTON

Bellevue
Milan, Daniel F., Jr.

Bellingham
Watts, Arthur B.

Fairchild, A.F.B.
Brunjes, Carl F.

Fort Lewis
Chalfin, Robert M.

Mercer Island
Skinner, Alfred L., Jr.

Olympia
Jones, Gordon E.

Seattle
Bell, John W.
Brown, Norman K.
Brownsberger, Carl N.
Coe, Robert C.
Compton, David W.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry B.
Grainger, David W.
Lawrence, G. Hugh
MacMahon, Charles E.
Mannik, Mart
Morgan, Clarence L.
Odland, George F.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Wimberger, Herbet C.

Spokane
Johnston, Edward V.
Kleaveland, Richard N.

Walla Walla
Brooks, Peter T.
Gilbert, Allen C.

Yakima
Mathieu, Thomas J.

WEST VIRGINIA

Beckley
Klingensmith, Walter E.

Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Kovacevich, Miroslav M.
Revercomb, Paul H.
Stewart, William C.

Fairmont
Shaffer, Frederick G.
Wang, Shen Kuang

Morgantown
Currie, Richard A.
Shaffer, Hubert A.

South Charleston
Steele, James L.
Wheeling
Duffy, Raymond J.
Weiler, Howard G.

WISCONSIN
LaCrosse
Gundersen, A. Erik
Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Murphy, George B., Jr.
Shealy, C. Norman
Tompkins, Douglas G.
Madison
Albright, Edwin C.
Gordon, Edgar S.
Greeley, Hugh P.
Hopkins, Charles E.
Javid, Manucher
McClung, John L.
Osborn, June E.
Marshfield
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Milwaukee
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Holbrook, Arthur A.
Kerrigan, Gerald A.
Organick, Avrum B.
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Schneider, Chester C.
Schwartz, Abraham B.
Princeton
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Wauwotosa
Lazarus, Herbert R.

WYOMING
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Greybull
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MacDermott, Pembroke N.
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Sudbury
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Toronto
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Burrington, John D.

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Harris, W. Robert
Holmes R. Brian
Lowrey, Stanley R.
MacMillan, Hugh A.
McIlroy, William J.
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Hellerup
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Tandon, Rajendra

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Saidi, Farrokh

Tehran
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Tottori
Okagaki, Takashi

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Mnaymneh, Walid Ahmed
Wilson, John L.

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Belsasso, Guido

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Rotterdam
Greep, Jacobus M.

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Bohrer, Stanley P.

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Stovner, Jacob

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Quezon City
Bautista, Florosa A.

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Kacki, Janusz F.

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Cardenal, Fernano A.

REPUBLIC OF SOUTH AFRICA
Durban
Gamsu, David

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Mattoso, Luiz F. de Q.
Sao Paulo
Barretto, Oscar de F.

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Santiago
Williamson-Lefort, Ladislao

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Salamanca, Joan J.
Saravia, Rafael

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de Mola, Luis L.

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Andros, George
Mital Mohinder A.

SWITZERLAND
Basel
Hügin, Werner
Geneva
Müller, Alex F.
Zürich
Bally, Peter R.

TURKEY
Istanbul
Yenel, Frank M.

VIETNAM
Saigon
Keating, James P.

WALES
Cardiff
Thomas, Anne G. T.

EAST PAKISTAN
Ramna
Klaus, Hanna

FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

DALTON SCHOLARSHIPS

Scholarships will be awarded to the candidates recommended by the General Executive Committee of the Massachusetts General Hospital and confirmed by the Trustees.

The holders of these Scholarships are required to do original work in subjects to be designated.

For particulars apply to the General Director.

MASSACHUSETTS GENERAL HOSPITAL
Fruit Street, Boston

See also page 154 of this Report

WARREN TRIENNIAL PRIZE

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation, considered worthy of a premium, in some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

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